PROVINCE OF SASKATCHEWAN

07-08

ANNUAL STATISTICAL REPORT

MINISTRY OF HEALTH
MEDICAL SERVICES
BRANCH

Preface

This document is a statistical supplement to the Annual Report of Saskatchewan Ministry of Health for the fiscal year 2007-08. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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Highlights

Medical Services Plan

- The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a wide range of physician, chiropractor, optometrist and a limited range of dental services. The Plan also provides funding to support clinical services provided by residents and faculty at the College of Medicine, as well as a range of recruitment and retention initiatives managed by the Saskatchewan Medical Association (SMA). Payments by the Plan under its program areas totalled $572.9 million in 2007-08 (see page 5), an increase of $5.1 million or 0.9 per cent over 2006-07.

- The Branch supports the Medical Educational System at the College of Medicine with funding of $29.8 million in 2007-08 (see page 5). The Medical Educational System covers the following areas:
  - academic and clinical services provided by faculty;
  - undergraduate, post-graduate (including international medical graduates (IMGs)) and re-entry training; and,
  - 225 post-graduate medical resident positions (see Table 33).

- MSP, through its Professional Review Committees, recovered $264,200 in fee-for-service payments from 14 practitioners who were found to have incorrectly charged the Plan (Table 2).

- The number of claims received for processing in 2007-08 totalled 9.1 million, a decrease of 0.2 per cent from 2006-07 (Table 3).

- Benefits paid for insured services - provided by physicians, optometrists, chiropractors, and dentists - amounted to $478.2 million, an increase of 7.4 per cent on a per capita basis (Table 8). Total expenditures (000's) by program area:

	2006-07	2007-08	Per Capita Change
Physicians	$423,269	$459,518	7.34%
Optometrists	$4,755	$5,450	13.33%
Chiropractors	$10,780	$11,595	6.34%
Dentists	$1,538	$1,616	3.90%

(see status of current agreements on page 58)

- Payments for out-of-province physician services totalled $26.1 million (Table 11) up 4.6 per cent. Physician fee increases contributed to this increased cost. Out-of-province hospital payments totalled $52.1 million (Table 13a) up 0.3 per cent. Hospital claims submission problems have understated the expenditures reported for 2007-08.

- Services outside Canada for patients with prior approval:

	2006-07	2007-08
Patients	42	35
Practitioner Costs	$440,000	$379,100
Hospital Costs	$2,690,400	$2,040,000
Total Costs	$3,130,400	$2,419,100

(Note that the number of patients receiving services in a year may not equal the number approved during the year. Reasons include patients not going or not receiving treatment in the same year or patients requiring on-going care over two or more years.)

- The number of active physicians (with their own MSP billing number) in Saskatchewan increased at year-end to 1,357 from 1,307 in 2006-07. Metro (Regina and Saskatoon) general practitioners increased by 14 (to 400), other urban general practitioners increased by six (to 155), and rural general practitioners increased by one (to 229); specialists increased by 29 (to 573).

Average payments to active physicians (Table 25):

General Practitioners	$251,400	up 7.2%
Specialists	$385,900	up 4.0%
All Physicians	$308,200	up 5.8%

(see "Active" definition - page 12)

- Payments for the Specialist Emergency Coverage Program (SECP) and the Emergency Rural Coverage Programs (ERCP) totalled $22.0 million (Table 27).

- Expenditures for physician services provided through non-fee-for-service payment arrangements (medical remuneration and alternate payments) totalled $127.8 million (Table 28), an increase of 18.8 per cent.

- The per capita costs for physician services increased by 8.0 per cent to $443 from $410 in 2006-07 (Table 31).

Physician Remuneration

- In 2007-08, payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled $373.1 million (see page 6), an increase of 1.0 per cent from 2006-07.

- Non-fee-for-service funding arrangements for physician services represent a large and rapidly growing area of provincial health expenditures. In 2007-08, this sector accounted for about $190.7 million, 31.1 per cent of Saskatchewan Ministry of Health's total expenditures on in-province physician services. The majority of expenditures are in areas of medical services associated with Regional Health Authority (RHA) operations (radiology, laboratory and emergency services) (see page 6).

- The amount of new and continuing bursaries and grants increased from 126 to 149 in 2007-08 for a total commitment of $4.4 million (see page 6).

Medical Services Branch 2007-08 Expenditures

	Payments	Per Cent of Total
Medical Services Plan		
Total In-Province	$416,786,380	72.3
Physicians – Fee-for-Service[1]	379,196,234	65.7
Physicians – Non-FFS		
- Alternate Payments	8,795,333	1.5
- Northern Health, Student Health & Community Clinics[2]	13,152,439	2.3
- Physician Stabilization	0	0.0
Chiropractors	9,234,338	1.6
Optometrists	4,820,327	0.8
Dentists	1,587,708	0.3
Out-Of-Province (including Hospital)	83,886,552	14.5
Saskatchewan Medical Association Programs[3]	42,277,000	7.3
Medical Education System	29,819,467	5.2
Dental Residency Grant	102,000	0.0
Chiropractic Clinical Practice Grant	15,000	0.0
Optometrists – Continuing Medical Education (CME)	30,000	0.0
Administration	3,872,186	0.7
Total Expenditures	**$576,788,585**	**100.0**

[1] Includes Emergency Rural Coverage Program payments processed through the Claims System.
[2] These expenditures include payments to physicians only.
[3] Includes Specialist Emergency Coverage Program payments.

Notes:

1) There is a difference between MSP payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of claims for medical and optometric services provided in community clinics and alternate payment projects, which are included in the statistical tables as if paid on a fee-for-service basis; and, the handling of chiropractic and optometric Supplementary Health Program claims.

2) MSP Out-Of-Province payments include physician, chiropractic, optometric, dental and hospital services.

Expenditures for In-Province Physician Services and Programs, 2007-08

	Expenditures	Recipients of Bursaries & Grants: New	Recipients of Bursaries & Grants: Total[4]
Fee-For-Service (FFS)	$373,121,987		
Emergency Rural Coverage Programs (ERCP)[3]	$6,334,752		
Specialist Emergency Coverage Programs (SECP)	$15,662,000		
Non-fee-for-service (Non-FFS)	$190,744,546		
Medical Remuneration	$103,175,195		
[1,2]Saskatchewan Cancer Agency	$12,897,714		
[1,2]Student Health Centre	$598,850		
[1,2]Community Clinics	$5,968,734		
Physician Stabilization	$0		
[1,2]Northern Health Contract Physicians	$6,584,856		
Alternate Payments - MSB Non-FFS	$8,795,333		
Alternate Payments - RHA Operating	$15,832,780		
[1,2]Alternate Payments - Primary Health Services Sites	$8,645,089		
Clinical Services Fund (College of Medicine)	$28,245,996		
Sub-Total: Payments for Physician Services (including FFS, Emergency Coverage Programs and Non-FFS)	**$585,863,285**		
SMA (excluding Emergency Coverage) and Bursary Programs	$27,788,046	76	149
Undergraduate Medical Bursaries	$165,000	11	12
Medical Residency Bursaries	$250,000	8	10
Physician Re-Entry Training Program	$346,732	0	8
Rural Practice Enhancement Training	$158,862	2	4
Rural Practice Establishment Grants	$330,000	15	22
Rural and Remote Incentives	$1,894,406		
Continuing Medical Education Program	$2,800,000		
Canadian Medical Protective Agency (CMPA) Funding	$3,995,000		
Practice Enhancement Program	$75,000		
Physician Retention Fund	$6,600,000		
Specialist Recruitment and Retention Bursaries and Programs	$2,000,000	35	73
New Initiatives (including Electronic Medical Record)	$7,300,000		
Parental Leave Program	$700,000		
Saskatchewan Health Re-entry Training	$437,017	1	8
Supernumerary IMG Training Seats	$736,029	4	12
Grand Total: Expenditures (including SMA & Bursary Programs)	**$613,651,331**		
Continuing Bursaries from Previous Years		73	--

[1] Expenditures in these areas are managed by other Branches of the Ministry of Health.

[2] These expenditures include payments to physicians only.

[3] Includes non-fee-for-service rural emergency coverage payments and payments for travel expenses when general practitioners provide weekend relief.

[4] The total includes new recipients in 2007-08 plus recipients of continuing bursaries from previous years.

Note: 1) Ministry funding for physician services may not equal expenditures by RHAs.
2) Portions of Ministry funding are unavailbale, such as compensation to radiologists providing CTs and MRIs.

Medical Services Plan Coverage Benefits

Eligibility for Benefits

MSP provides insurance coverage to Saskatchewan residents (beneficiaries) for a wide range of services provided by physicians, chiropractors, and optometrists, as well as a limited range of services provided by dentists.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being residency and registration with the Health Registration and Vital Statistics Branch. No premiums are levied.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services - The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services - Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services - Care during pregnancy, delivery, and after care in hospital by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- anaesthesia for pain management; and,
- all dental anaesthesia primarily for patients under 14 years.

Diagnostic Services

- out-of-hospital x-ray services, including interpretations, provided by a specialist in radiology. Breast screening mammographies for women 50-69 years of age are available and funded through the provincial Screening Program for Breast Cancer;
- an approved list of office-based laboratory services provided by a physician other than a pathologist; and
- other diagnostic services provided by a physician.

Preventive Medical Services - Immunization services where not available through any government or Regional Health Authority; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Cancer Services - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with the Saskatchewan Cancer Agency.

Optometric Services

Coverage for routine eye examinations, partial examinations and tonometry (for persons 40 years of age and over, or for persons 18 years of age and over as of October 1, 2007) by optometrists is limited to the following five categories of persons:

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program;
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement; and,
- Workers' Health Benefits Program beneficiaries as of July 1, 2007.

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- for patients less than 18 years of age examinations are limited to one every 12 months (this coverage is provided by MSP);
- for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to one every 12 months; and,

- for patients aged 18 to 64 who qualify for coverage under one of the special programs listed above, examinations are limited to one every 24 months.

The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, became an insured service for all Saskatchewan beneficiaries effective April 1, 2006.

Dental Services

Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

Extraction of teeth medically required for the provision of:

- heart surgery,
- services for chronic renal disease, or
- services for total joint replacement by prosthesis

where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval from MSP was received.

Chiropractic Services

Chiropractic visit and x-ray services are insured with no limits. Chiropractic visit services are insured through a co-payment system whereby MSP makes payment to chiropractors for each visit service provided. Chiropractors are also allowed to charge beneficiaries an additional amount beyond the amount of government payment. Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program, seniors (age 65+) receiving a Saskatchewan Income Plan supplement are fully insured for chiropractic services, and as of July 1, 2007 Workers' Health Benefits Program beneficiaries.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province, but within Canada.

Physician Services:
Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for insured physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Cataract surgery, magnetic resonance imaging (MRI) and bone densitometry provided outside of the province are only insured with prior approval from the Ministry of Health.

Non-emergency services provided outside of Canada are only insured with prior approval from the Ministry of Health.

Hospital Services:
Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement. The hospital bills the provincial health plan of the province in which services are provided. The host plan then bills the home province of the patient for the services provided.

Emergency hospital services for persons travelling outside Canada are covered on the following basis: up to $100 (Canadian) per day for in-patient services and up to $50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from the Ministry of Health.

Cataract surgery, MRIs and bone densitometry provided outside of the province are only insured with prior approval from the Ministry of Health, as noted above for physician services.

Exclusions

The Medical Services Plan does not insure the following services:

- health services received under other public programs including: *The Workers' Compensation Act*, federal Department of Veteran Affairs, *The Mental Health Act*
- laboratory services by specialists in pathology
- travelling
- advice by telephone except when provided by physicians to physicians or allied health personnel
- surgery for cosmetic purposes
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party
- autopsy
- ambulance services and other forms of transportation of patients
- services provided by special duty nurses
- services provided by chiropodists, podiatrists, naturopaths or osteopaths
- dentistry, except as described under Insured Services - Dental Services
- drugs and dressings
- appliances (e.g. eyeglasses, artificial limbs)
- routine eye examinations by physicians are limited in coverage to those beneficiaries who would be covered under the optometric program (see page 7)
- electrolysis
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over
- reversals of sterilization
- implantation of penile prosthesis
- thermal ablation of obviously benign skin lesions
- injection of asymptomatic varicose veins
- non-medically necessary circumcisions for newborns.

Methods of Payment

MSP makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules;
- population-based funding, adjusted by age, gender and geographic area for general practitioner services provided to clients who primarily seek their health care from a single physician clinic; and,
- salary, contractual or sessional payment arrangements funded through RHA Boards.

Alternate methods of compensating physicians for services are designed to:

- provide physicians with the flexibility to develop programs and deliver services that meet the needs of their patients, including initiatives such as health promotion and other educational activities; and,
- encourage physicians to work as members of multi-disciplinary health teams without experiencing loss of income.

Funding levels for alternate payment projects are determined based on a number of factors including the population served, service need, and ongoing viability and sustainability of the services.

Alternate payment arrangements for general practitioner services are closely linked with the Ministry's Primary Health Services initiative. Physicians and RHAs considering alternate payment arrangements are encouraged to explore the opportunities and benefits of this approach in the delivery of health services.

The Primary Health Services Branch provides a global system of payment for the operation of four community clinics.

Practitioners may choose to practice entirely outside MSP, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing and practice patterns of practitioners. These Committees are empowered to order the recovery of payments made to practitioners (see Table 2).

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon MSP payments made during 2007-08 on a fee-for-service basis for medical, optometric, chiropractic and dental services provided to Saskatchewan beneficiaries. Any work stoppages in the health care system may affect utilization and earnings data presented in this report.

A global system of payment for medical and optometric services is used for four community clinics in the province; however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects, including primary health care projects, have their services recorded on the same basis as fee-for-service items (shadow billing). For statistical purposes all shadow-billing data, including primary health care projects managed by Primary Health Services Branch, is reported in this document.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners outside the province. Tables 12, 14a and 14b are the only tables that present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables that show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians and optometrists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

Data Limitations – Numbers of certain services or service groupings may differ from year to year as a result of bundling/unbundling or restructuring fee codes through Payment Schedule changes. Beginning in 2004-05 time of day, age and paediatric premiums are no longer counted as individual services. The level of compliance with shadow billing for other than fee-for-service methods of payment can impact the data presented in this report.

Date of Payment - Statistics are based upon the date a service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2007-08 include some services provided in 2006-07. Fiscal years typically consist of 26 pay runs; however, the 2007-08 fiscal year included an additional pay run.

Payment Adjustments - The difference between MSP payments shown in the Statement of Expenditures, page 5, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries, adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through the Primary Health Services Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements. Statistical tables have not been adjusted for recoveries resulting from professional review activities (see Table 2).

Payments to Locum Tenens - Where a physician acts as the principal for a locum tenens physician who is not fully registered by the College of Physicians and Surgeons, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional or long-term locum license by the College.

Retroactive Payments - From time to time, MSP is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Lump sum retroactive payments to chiropractors in 2006-07 are included. Lump sum retroactive payments to physicians in 2006-07 and in 2007-08 and to optometrists, dentists and dental surgeons in 2007-08 are included (or excluded) in tables as footnoted. Any such payments, whether included or excluded from the data tables, are always included in the expenditure tables on pages 5 and 6.

Chiropractic and Optometric Services under Supplementary Health - Changes to the chiropractic and optometric programs in 1992 resulted in a shift in payment responsibility for some services to the Supplementary Health Program. For statistical purposes, however, combined chiropractic and optometric data for services paid under both MSP and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10 and 15)

Service groupings are based on CIHI's (Canadian Institute for Health Information) national grouping system categories.

(a) **Consultations** - a consultation is the referral of a patient by one physician to another for examination, diagnosis, and a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

(b) **Major Assessments** - a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Chronic disease management visits and eye examinations by physicians are included here.

(c) **Other Assessments** - Other assessments are visits that comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well-baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.

(d) **Psychotherapy/Counselling** - Includes treatment interview, group therapy, and counselling (including healthy lifestyle/health education counselling).

(e) **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.

(g) **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.

(h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.

(i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.

(j) **Obstetrics** - Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.

(k) **Anaesthesia** - All anaesthetic procedures, pain management and pain clinic services are included in this category (see page 7).

(l) **Diagnostic Radiology** - All out-of-hospital technical procedures and interpretations by specialists in radiology.

(m) **Laboratory Services** - All common office laboratory services provided by a physician other than a pathologist.

(n) **Other Diagnostic and Therapeutic Procedures** - All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolau smears, and resuscitation and intensive care.

(o) **Special and Miscellaneous Services** - Examinations for adoptions, for rape victims, for follow-up Cancer report; examinations and certifications of mental ill health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice to physicians or allied health personnel via telecommunications; and any other services not elsewhere classified.

(p) **Services by Optometrists** - Includes eye examinations to determine the refractive state of the eye, partial examinations, tonometry testing and assessments of ocular urgencies and emergencies when provided by an optometrist.

(q) **Services by Chiropractors** - Includes visit services and x-ray services provided by chiropractors.

(r) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures.

Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. **Physicians**

(a) **General Practitioner** - A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.

(i) **Metro** - A general practitioner who practises in Regina or Saskatoon.

(ii) **Urban** - A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.

(iii) **Rural** - A general practitioner who practises in a locality having fewer than 10,000 residents.

(iv) **Association** - A general practitioner who maintains patients' medical records with one or more other physicians.

(v) **Solo** - A general practitioner who is not working in association with another physician.

(b) **Specialist** - A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan eligible to receive MSP payments at specialist rates. As of April 1, 2001, a foreign certified physician listed by the College of Physicians and Surgeons was eligible to receive MSP payments at foreign certified specialist (FCS) rates (visits at designated FCS rates and procedures at general practitioner rates). As of April 1, 2004, a foreign certified physician was eligible to receive MSP payments at specialist rates for both visits and procedures. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.
Note: Physiatrists are included with Internists, Medical Geneticists with Paediatricians, and Pathologists with Diagnostic Radiologists.

II. **Optometrist** - A practitioner registered by the Saskatchewan Association of Optometrists.

'II. **Chiropractor** - A practitioner registered by the Chiropractors' Association of Saskatchewan.

Note: Definition of Active Physician - Physicians receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. General Practitioners are categorized in the group in which they earned the most income if they practised in various clinics or locations throughout the year.

Figure 1
Index of Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services 2002-03 to 2007-08

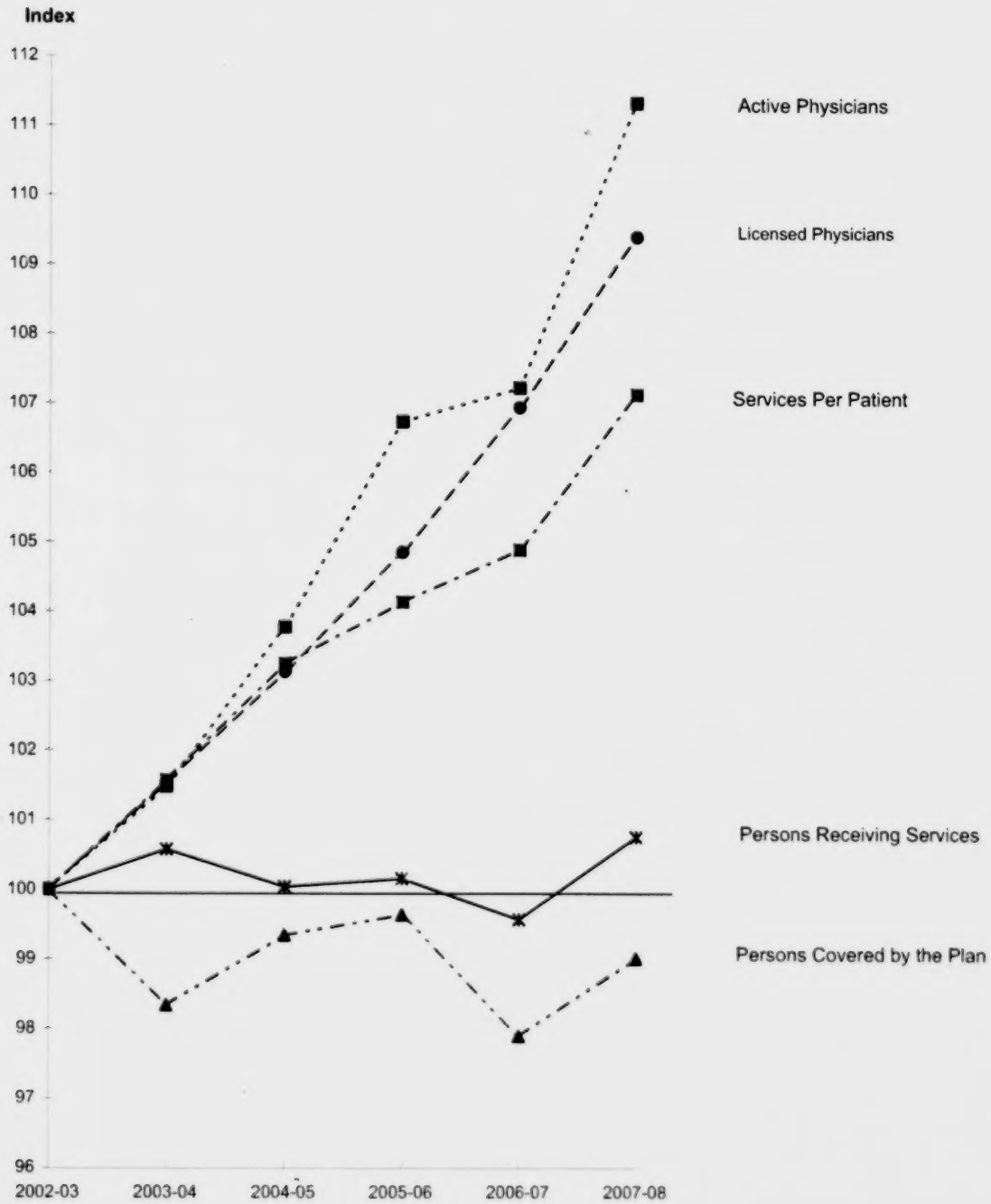


Figure 2
Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services 2002-03 to 2007-08

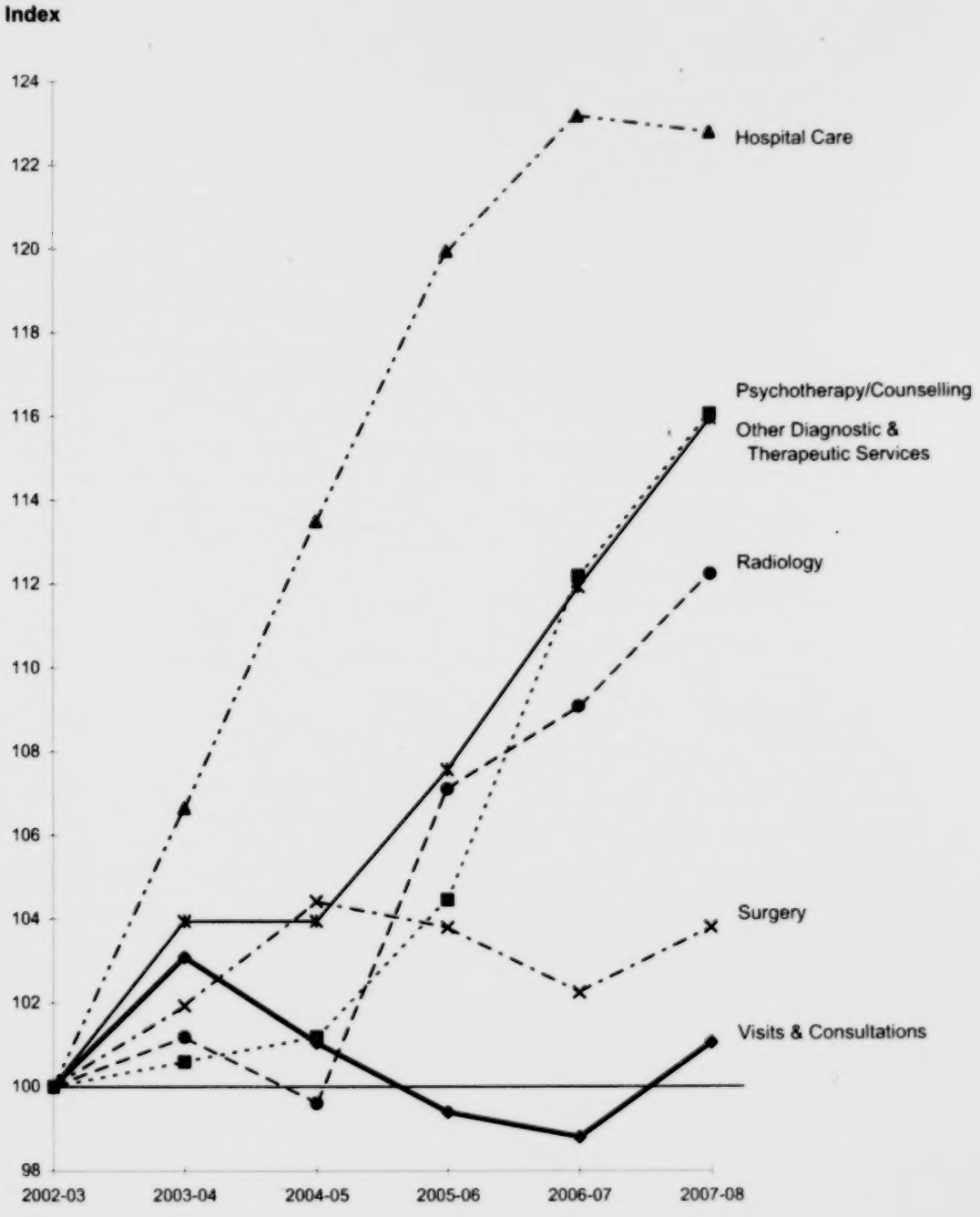


Figure 3
Per Capita Payments for Insured Services by Age and Sex of Beneficiary

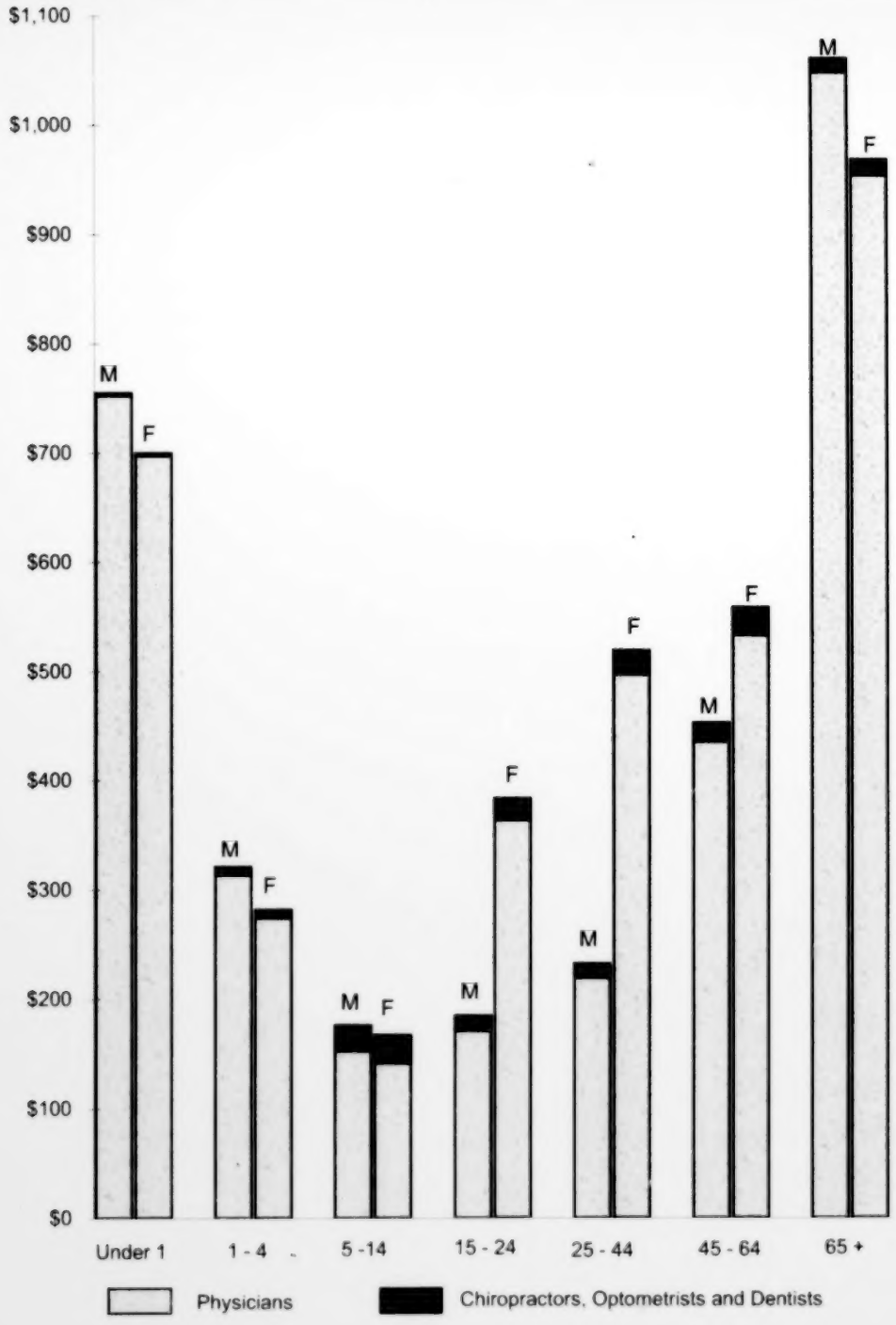
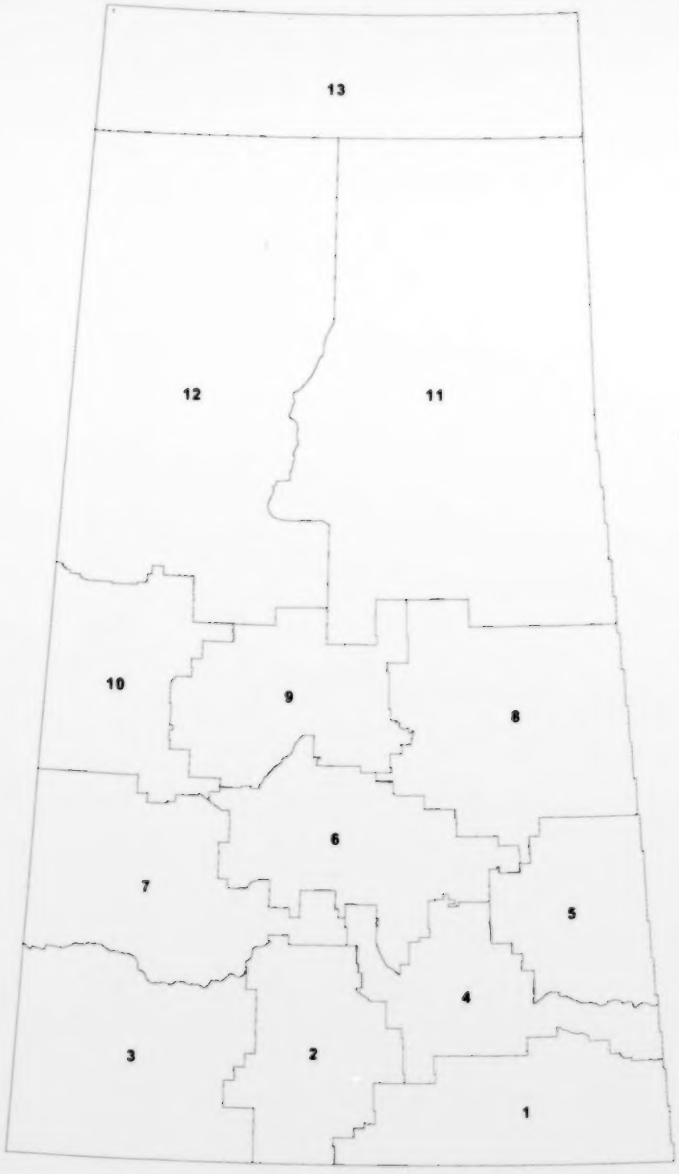


Figure 4
Map of Regional Health Authorities



1. Sun Country
2. Five Hills
3. Cypress
4. Regina Qu'Appelle
5. Sunrise
6. Saskatoon
7. Heartland
8. Kelsey Trail
9. Prince Albert Parkland
10. Prairie North
11. Mamawetan Churchill River
12. Keewatin Yatthé
13. Athabasca Health Authority

Table 1
Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services[1] (000's)	Total Per Cent Change In Per Capita Costs[2]	Per Cent Change Due to Fee Schedule Increases[4]	Per Cent Change Due to Utilization Increases[5]
2003-04[3]	360,255	7.14	4.36	2.66
2004-05	399,491	9.77	10.02	-0.23
2005-06[3]	427,561	6.70	6.66	0.04
2006-07[3]	440,342	4.84	1.56	3.23
2007-08[3,6]	478,179	3.71	4.75	-0.99
Average Annual Per Cent Change 2003-04 to 2007-08	7.37	6.26	5.75	0.51

1 All physician, chiropractic, optometric and dental insured services are included. Lump sum payments made to the SMA for distribution to physicians in lieu of retroactive amendments to the Payment Schedule are excluded. Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.

2 Current year cost per capita figures have been adjusted for claims inventory, program coverage and covered population to allow for comparison to the previous year. The total per cent change in per capita costs is equal to the per cent change due to fee increases multiplied by the per cent change due to utilization increases.

3 Lump sum payments in lieu of retroactive amendments to Payment Schedules made to dentists and dental surgeons in 2003-04, to optometrists in 2005-06, to physicians and chiropractors in 2006-07, and to physicians, optometrists, dentists and dental surgeons in 2007-08 are included.

4 Fee schedule increases are based on theoretical values of fee and new items increases.

5 The change in utilization may be affected by changes in data capture for physicians participating in or switching to non-fee-for-service arrangements.

6 An adjustment was made for the extra pay run in 2007-08 prior to per capita cost and utilization calculations.

Table 2
Adjustments and Recoveries by the Medical Services Plan

	2006-07		2007-08	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims[1]	2,048	$5,348.4	2,092	$5,632.9
Routine Assessment on Out-of-Province Claims[1]	--	1,011.8	--	367.9
Special MSP Studies and Professional Review Activity[2]	22	314.5	14	264.2
Third Party Liability Recoveries	--	2,974.8	--	2,968.2
Total	--	**$9,649.4**	--	**$9,233.2**

1 The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs. The In-Province number is net of time of day, paediatric and age premiums, which are system generated, the patient's co-payment portion on on chiropractor claims and any lump sum retroactive payments to practitioners.

2 The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by MSP and Professional Review Committees.

Table 3
Claims Received by Method of Billing

Claims Received from:	Number of Claims Received 2006-07	Number of Claims Received 2007-08	Per Cent of Claims Received 2006-07	Per Cent of Claims Received 2007-08
Physicians	**8,114,466**	**8,081,836**	**89.15**	**88.97**
In-Province Claim Forms[1,4]	31,662	25,957	0.35	0.29
In-Province Direct Input[1,4]	7,807,795	7,788,867	85.78	85.75
Out-of-Province Reciprocal Billing[2]	273,032	265,254	3.00	2.92
Other Out-of-Province	1,977	1,758	0.02	0.02
Optometrists[3]	**123,108**	**123,437**	**1.35**	**1.36**
In-Province Claim Forms[4]	52,046	48,774	0.57	0.54
In-Province Direct Input[4]	68,545	72,015	0.75	0.79
Out-of-Province	2,517	2,648	0.03	0.03
Chiropractors[3]	**855,947**	**869,938**	**9.40**	**9.58**
In-Province Claim Forms	5,709	4,401	0.06	0.05
In-Province Direct Input	844,100	858,974	9.27	9.46
Out-of-Province	6,138	6,563	0.07	0.07
Beneficiaries	**8,128**	**8,189**	**0.09**	**0.09**
In-Province	557	363	0.01	0.00
Out-of-Province	7,571	7,826	0.08	0.09
Total	**9,101,649**	**9,083,400**	**100.00**	**100.00**

[1] Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services.

[2] Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.

[3] Includes claims for optometrist and chiropractor services covered by the Supplementary Health Program.

[4] Includes claims for SGI driver medicals and visual exams.

Table 4
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2007		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	6,240	5,900	16,420	15,497	752,430	697,631
1 - 4	24,855	23,830	7,905	7,038	313,436	273,969
5 - 14	66,933	63,990	4,706	4,526	152,216	141,338
15 - 24	78,983	75,288	4,777	10,047	171,066	363,407
25 - 44	131,839	129,939	5,954	12,799	219,250	496,455
45 - 64	130,504	128,131	10,695	14,134	434,872	532,655
65 and over	64,856	83,361	25,172	24,884	1,048,237	953,499
All Beneficiaries	**504,210**	**510,439**	**9,529**	**13,427**	**376,486**	**509,458**
B. Optometrists						
Under 1	6,240	5,900	13	11	596	507
1 - 4	24,855	23,830	145	147	6,781	6,896
5 - 14	66,933	63,990	432	482	20,480	22,795
15 - 24	78,983	75,288	144	195	6,650	8,919
25 - 44	131,839	129,939	29	53	1,033	1,957
45 - 64	130,504	128,131	40	56	1,299	1,839
65 and over	64,856	83,361	43	70	1,457	2,328
All Beneficiaries	**504,210**	**510,439**	**110**	**135**	**4,896**	**5,841**
C. Chiropractors						
Under 1	6,240	5,900	124	103	1,776	1,529
1 - 4	24,855	23,830	64	60	947	902
5 - 14	66,933	63,990	165	167	2,376	2,392
15 - 24	78,983	75,288	355	581	4,650	7,621
25 - 44	131,839	129,939	855	1,432	10,942	18,908
45 - 64	130,504	128,131	1,205	1,731	15,160	21,679
65 and over	64,856	83,361	807	907	10,204	11,502
All Beneficiaries	**504,210**	**510,439**	**721**	**1,057**	**9,210**	**13,617**
D. Dentists						
Under 1	6,240	5,900	0	0	48	59
1 - 4	24,855	23,830	0	0	8	4
5 - 14	66,933	63,990	9	10	916	802
15 - 24	78,983	75,288	21	32	2,300	3,355
25 - 44	131,839	129,939	10	20	887	1,540
45 - 64	130,504	128,131	16	26	1,396	2,109
65 and over	64,856	83,361	11	12	969	1,043
All Beneficiaries	**504,210**	**510,439**	**13**	**19**	**1,482**	**1,703**

Notes: 1) Includes out-of-province services and costs.
2) Excludes lump sum retroactive payments made to physicians, dentists and dental surgeons.
3) Excludes payments for specialist and rural emergency coverage programs.
4) Includes optometric and chiropractic services covered by the Supplementary Health Program.
5) Includes retroactive payment adjustments made to optometrists.
6) See "Data Limitations" on page 10.

Table 5
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2006-07 Number of Beneficiaries	2006-07 % of Beneficiaries	2006-07 % of Payments	2006-07 % of Services	2007-08 Number of Beneficiaries	2007-08 % of Beneficiaries	2007-08 % of Payments	2007-08 % of Services
A. Physicians Only								
$ 0.00[1]	136,650	13.6	--	<0.1	137,715	13.6	--	<0.1
$ 0.01 - $ 25.00	6,507	0.6	0.0	0.1	6,523	0.6	0.0	0.1
$ 25.01 - $ 50.00	92,626	9.2	0.7	1.0	91,321	9.0	0.6	0.9
$ 50.01 - $ 100.00	143,414	14.3	2.5	3.4	136,036	13.4	2.2	3.1
$100.01 - $ 250.00	235,198	23.4	9.4	12.6	228,482	22.5	8.5	11.4
$250.01 - $ 500.00	171,059	17.1	14.8	17.9	176,564	17.4	14.0	17.2
$500.01 - $1,000.00	115,372	11.5	19.6	21.1	123,838	12.2	19.3	21.0
$1,000.01-$1,500.00	44,632	4.4	13.3	12.8	48,033	4.7	13.1	12.9
$1,500.01-$2,000.00	23,723	2.4	10.0	8.5	26,297	2.6	10.1	8.8
$2,000.01-$5,000.00	29,248	2.9	20.2	16.4	34,336	3.4	21.8	17.8
Over $5,000.00	4,802	0.5	9.6	6.2	5,504	0.5	10.4	6.8
Total	**1,003,231**	**100.0**	**100.0**	**100.0**	**1,014,649**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$ 0.00[1]	899,809	89.7	--	<0.1	908,281	89.5	--	<0.1
$ 0.01 - $ 25.00	1,915	0.2	0.8	1.6	1,718	0.2	0.7	1.4
$ 25.01 - $ 50.00	88,519	8.8	80.7	74.2	90,018	8.9	79.1	72.3
Over $50.00	12,988	1.3	18.5	24.1	14,632	1.4	20.2	26.3
Total	**1,003,231**	**100.0**	**100.0**	**100.0**	**1,014,649**	**100.0**	**100.0**	**100.0**
C. Chiropractors Only								
$ 0.00[1]	883,896	88.1	--	0.1	889,593	87.7	--	0.1
$ 0.01 - $ 25.00	27,263	2.7	4.2	4.0	26,820	2.6	3.9	3.7
$ 25.01 - $ 50.00	28,292	2.8	9.3	9.2	30,737	3.0	9.4	9.2
$ 50.01 - $ 100.00	30,263	3.0	19.8	20.1	32,075	3.2	19.9	20.1
$100.01 - $ 250.00	25,561	2.5	36.5	37.6	26,767	2.6	36.2	37.3
$250.01 - $ 500.00	6,498	0.6	20.0	20.1	7,065	0.7	20.4	20.6
Over $500.00	1,458	0.1	10.2	8.9	1,592	0.2	10.2	9.1
Total	**1,003,231**	**100.0**	**100.0**	**100.0**	**1,014,649**	**100.0**	**100.0**	**100.0**

[1] The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes: 1) Includes out-of-province services and costs.
2) Excludes lump sum retroactive payments made to physicians in 2006-07 and 2007-08.
3) Excludes payments for specialist and rural emergency coverage programs.
4) Includes optometric and chiropractic services covered by the Supplementary Health Program.
5) Includes retroactive payment adjustments made to chiropractors in 2006-07 and to optometrists in 2007-08.
6) See "Data Limitations" on page 10.

Table 6
Physician Services and Payments by Age and Sex (In- & Out-of-Province)

Age Groups	Sex	Population Insured[1]	Population Treated[2]	Per Cent Treated	Average Per Person Insured: Services	Average Per Person Insured: Cost	Average Per Person Treated: Services	Average Per Person Treated: Cost	Average Payment Per Service
Under 1	M	6,240	8,099	100.00	16.42	752.43	12.65	579.72	45.82
	F	5,900	7,734	100.00	15.50	697.63	11.82	532.20	45.02
	T	12,140	15,833	100.00	15.97	725.80	12.25	556.51	45.44
1 - 4	M	24,855	22,891	92.10	7.91	313.44	8.58	340.33	39.65
	F	23,830	21,636	90.79	7.04	273.97	7.75	301.75	38.93
	T	48,685	44,527	91.46	7.48	294.12	8.18	321.58	39.32
5 - 9	M	31,556	24,799	78.59	5.05	165.16	6.43	210.16	32.68
	F	30,397	23,929	78.72	4.80	152.28	6.09	193.44	31.76
	T	61,953	48,728	78.65	4.93	158.84	6.26	201.95	32.24
10 - 14	M	35,377	25,770	72.84	4.40	140.67	6.03	193.12	32.00
	F	33,593	24,837	73.94	4.28	131.44	5.79	177.77	30.69
	T	68,970	50,607	73.38	4.34	136.17	5.92	185.59	31.37
15 - 19	M	39,869	29,691	74.47	4.82	170.40	6.47	228.81	35.34
	F	37,798	32,486	85.95	8.27	287.53	9.62	334.55	34.77
	T	77,667	62,177	80.06	6.50	227.40	8.12	284.05	34.99
20 - 24	M	39,114	27,997	71.58	4.73	171.75	6.61	239.95	36.30
	F	37,490	34,801	92.83	11.84	439.91	12.75	473.90	37.15
	T	76,604	62,798	81.98	8.21	302.99	10.02	369.60	36.90
25 - 29	M	34,807	24,974	71.75	5.01	182.18	6.99	253.91	36.34
	F	33,098	31,368	94.77	14.22	567.26	15.00	598.55	39.89
	T	67,905	56,342	82.97	9.50	369.88	11.45	445.78	38.93
30 - 34	M	31,089	22,871	73.57	5.61	205.35	7.63	279.13	36.59
	F	30,718	28,211	91.84	13.86	556.18	15.09	605.60	40.14
	T	61,807	51,082	82.65	9.71	379.71	11.75	459.43	39.11
35 - 39	M	30,540	22,749	74.49	6.26	231.27	8.40	310.47	36.97
	F	30,415	27,295	89.74	12.08	458.54	13.46	510.95	37.95
	T	60,955	50,044	82.10	9.16	344.67	11.16	419.82	37.61
40 - 44	M	35,403	26,234	74.10	6.92	257.54	9.34	347.56	37.22
	F	35,708	30,917	86.58	11.18	411.74	12.92	475.54	36.81
	T	71,111	57,151	80.37	9.06	334.97	11.27	416.79	36.97
45 - 49	M	39,311	30,869	78.53	7.78	291.66	9.91	371.42	37.48
	F	38,954	35,080	90.05	12.35	454.62	13.72	504.82	36.80
	T	78,265	65,949	84.26	10.06	372.77	11.93	442.38	37.07
50 - 54	M	37,411	31,184	83.36	9.58	368.88	11.49	442.55	38.52
	F	36,384	33,753	92.77	13.52	500.48	14.58	539.49	37.00
	T	73,795	64,937	88.00	11.52	433.77	13.09	492.94	37.64
55 - 59	M	30,240	26,569	87.86	12.09	532.19	13.76	605.72	44.01
	F	29,420	27,655	94.00	14.84	569.84	15.79	606.21	38.39
	T	59,660	54,224	90.89	13.45	550.76	14.80	605.97	40.95
60 - 64	M	23,542	21,876	92.92	15.54	653.88	16.73	703.68	42.07
	F	23,373	22,670	96.99	17.16	665.98	17.69	686.64	38.82
	T	46,915	44,546	94.95	16.35	659.91	17.22	695.01	40.37
65 - 69	M	18,204	17,272	94.88	18.80	821.24	19.82	865.55	43.68
	F	19,155	18,592	97.06	19.48	781.25	20.07	804.91	40.11
	T	37,359	35,864	96.00	19.15	800.74	19.95	834.12	41.82
70 - 74	M	15,640	15,097	96.53	22.70	967.41	23.51	1002.20	42.62
	F	17,253	16,861	97.73	22.29	896.43	22.81	917.27	40.21
	T	32,893	31,958	97.16	22.49	930.18	23.14	957.39	41.37
75 & Over	M	31,012	32,191	100.00	30.16	1222.25	29.05	1177.48	40.53
	F	46,953	48,438	100.00	28.04	1044.74	27.18	1012.71	37.26
	T	77,965	80,629	100.00	28.88	1115.35	27.93	1078.49	38.62
Total all ages	**M**	**504,210**	**411,133**	**81.54**	**9.53**	**376.49**	**11.69**	**461.72**	**39.51**
	F	**510,439**	**466,263**	**91.35**	**13.43**	**507.98**	**14.70**	**556.11**	**37.83**
	T	**1,014,649**	**877,396**	**86.47**	**11.49**	**442.64**	**13.29**	**511.88**	**38.52**

[1] As at June 30, 2007.

[2] Population treated at anytime during the fiscal year.

Notes: 1) Excludes payments for specialist and rural emergency coverage programs and lump sum payments made to physicians.

2) See "Data Limitations" on page 10.

Table 7
Services by Type of Service

Type of Service[1]	Number of Services (000's) 2006-07	Number of Services (000's) 2007-08	Number of Services Per 1,000 Beneficiaries 2006-07	Number of Services Per 1,000 Beneficiaries 2007-08	Per Cent Change 2006-07 to 2007-08
In-Province Physician Services	**10,682.1**	**11,089.6**	**10,648**	**10,930**	**2.65**
Consultations	460.8	488.4	459	481	4.80
Major Assessments	416.4	511.3	415	504	21.40
Other Assessments	4,321.8	4,377.5	4,308	4,314	0.15
Psychotherapy/Counselling	378.9	396.8	378	391	3.55
	5,577.9	**5,774.1**	**5,560**	**5,691**	**2.35**
Hospital Care	**614.2**	**619.4**	**612**	**610**	**-0.28**
Special Calls and Emergency	**278.0**	**275.2**	**277**	**271**	**-2.10**
Major Surgery	111.7	114.4	111	113	1.34
Minor Surgery	218.3	224.1	218	221	1.51
Surgical Assistance	125.3	140.4	125	138	10.76
Obstetrics	22.9	25.3	23	25	9.42
Anaesthesia	596.1	626.5	594	618	3.93
	1,074.2	**1,130.7**	**1,071**	**1,114**	**4.08**
Diagnostic Radiology	277.5	289.1	277	285	3.00
Laboratory Services	410.5	410.5	409	405	-1.13
Other Diagnostic and Therapeutic Services	1,622.4	1,699.0	1,617	1,675	3.54
Special and Miscellaneous Services	827.5	891.6	825	879	6.53
	3,137.9	**3,290.2**	**3,128**	**3,243**	**3.67**
In-Province Dental Services	**18.2**	**16.3**	**18**	**16**	**-11.21**
In-Province Optometric Services	**116.9**	**122.0**	**117**	**120**	**3.13**
Refractions by Optometrists	92.4	92.8	92	91	-0.75
Other Optometric Services[2]	24.5	29.2	24	29	17.72
In-Province Chiropractic Services	**834.9**	**882.6**	**832**	**870**	**4.52**
Chiropractic Visit Services	834.6	882.3	832	870	4.52
Chiropractic X-Ray Services	0.3	0.3	0	0	5.80
Out-of-Province Services					
Physician Services	609.8	568.5	608	560	-7.83
Dental Services	0.1	0.1	--	--	--
Optometric Services	2.5	2.7	2	3	7.92
Chiropractic Services	20.6	20.9	21	21	0.25
All Services	**12,285.2**	**12,702.7**	**12,246**	**12,519**	**2.23**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) See "Data Limitations" on page 10.

Table 8
Payments by Type of Service

Type of Service[1]	Dollar Payments (000's) 2006-07	Dollar Payments (000's) 2007-08	Dollar Payments Per 1,000 Beneficiaries 2006-07	Dollar Payments Per 1,000 Beneficiaries 2007-08	Per Cent Change 2006-07 to 2007-08
In-Province Physician Services	**398,387**	**433,456**	**397,104**	**427,198**	**7.58**
Consultations	42,849	48,118	42,711	47,423	11.03
Major Assessments	25,767	30,646	25,684	30,203	17.59
Other Assessments	130,004	138,498	129,586	136,499	5.33
Psychotherapy/Counselling	13,438	14,833	13,395	14,619	9.14
	212,059	**232,095**	**211,376**	**228,744**	**8.22**
Hospital Care	**13,481**	**14,758**	**13,438**	**14,545**	**8.24**
Special Calls and Emergency	**5,728**	**5,998**	**5,709**	**5,912**	**3.54**
Major Surgery	37,699	39,144	37,577	38,579	2.67
Minor Surgery	5,997	6,354	5,978	6,262	4.75
Surgical Assistance	7,549	9,336	7,524	9,202	22.29
Obstetrics	7,558	9,310	7,534	9,175	21.79
Anaesthesia	23,180	25,696	23,106	25,325	9.60
	81,983	**89,840**	**81,719**	**88,543**	**8.35**
Diagnostic Radiology	11,378	12,387	11,342	12,208	7.64
Laboratory Services	1,592	1,587	1,587	1,564	-1.48
Other Diagnostic and Therapeutic Services	52,414	57,832	52,245	56,997	9.10
Special and Miscellaneous Services[2]	19,752	18,958	19,688	18,684	-5.10
	85,137	**90,764**	**84,862**	**89,454**	**5.41**
In-Province Dental Services	**1,512**	**1,577**	**1,507**	**1,554**	**3.14**
In-Province Optometric Services	**4,650**	**5,334**	**4,635**	**5,257**	**13.42**
Refractions by Optometrists	4,037	4,517	4,024	4,452	10.63
Other Optometric Services[3]	613	817	611	806	31.79
In-Province Chiropractic Services	**10,534**	**11,337**	**10,500**	**11,173**	**6.41**
Chiropractic Visit Services	10,523	11,324	10,489	11,161	6.40
Chiropractic X-Ray Services	11	12	11	12	10.69
Out-of-Province Services					
Physician Services	24,882	26,063	24,802	25,686	3.57
Dental Services	26	39	26	39	46.92
Optometric Services	105	116	104	114	9.39
Chiropractic Services	246	258	245	254	3.60
All Services	**440,342**	**478,179**	**438,924**	**471,276**	**7.37**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Includes payments for the rural emergency coverage program and lump sum retroactive payments to physicians in 2006-07 and 2007-08 but excludes specialist emergency coverage program payments.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) Includes retroactive payment adjustments to chiropractors in 2006-07 and to optometrists, dentists and dental surgeons in 2007-08.
3) Payments for services in the United States are not adjusted to reflect their value in Canadian funds.
4) See "Data Limitations" on page 10.

Table 9
Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	2006-07 General Practitioners ($)	2006-07 Specialists ($)	2006-07 All Practitioners ($)	2007-08 General Practitioners ($)	2007-08 Specialists ($)	2007-08 All Practitioners ($)
In-Province Physician Services	**27.87**	**54.07**	**37.29**	**29.33**	**56.28**	**39.09**
Consultations	70.46	94.33	92.99	70.41	100.15	98.52
Major Assessments	60.45	66.40	61.88	57.37	70.95	59.94
Other Assessments	29.31	37.39	30.08	30.75	39.74	31.64
Psychotherapy/Counselling	30.51	49.04	35.46	32.16	52.25	37.38
	31.79	**64.84**	**38.02**	**33.42**	**69.17**	**40.20**
Hospital Care	**21.65**	**22.37**	**21.95**	**23.32**	**24.53**	**23.83**
Special Calls and Emergency	**20.31**	**21.22**	**20.61**	**21.44**	**22.47**	**21.79**
Major Surgery	212.74	342.86	337.63	232.50	347.39	342.05
Minor Surgery	18.68	57.46	27.48	18.87	61.22	28.36
Surgical Assistance	51.49	136.68	60.25	59.22	128.07	66.52
Obstetrics	358.85	312.84	330.36	419.66	336.98	367.70
Anaesthesia	33.82	39.56	38.89	34.87	41.79	41.01
	42.23	**93.82**	**76.32**	**47.74**	**95.78**	**79.45**
Diagnostic Radiology	0.00	41.01	41.01	0.00	42.85	42.85
Laboratory Services	3.79	5.67	3.88	3.79	5.31	3.87
Other Diagnostic and Therapeutic Services	11.13	38.13	32.31	12.37	39.78	34.04
Special and Miscellaneous Services[2]	8.39	12.27	9.15	8.72	13.29	9.60
	7.79	**35.80**	**23.25**	**8.29**	**37.40**	**24.43**
In-Province Dental Services	--	--	**83.06**	--	--	**96.48**
In-Province Optometric Services	--	--	**39.76**	--	--	**43.73**
Refractions by Optometrists	--	--	43.69	--	--	48.69
Other Optometric Services[3]	--	--	24.99	--	--	27.98
In-Province Chiropractic Services	--	--	**12.62**	--	--	**12.84**
Chiropractic Visit Services	--	--	12.61	--	--	12.83
Chiropractic X-Ray Services	--	--	37.16	--	--	38.49
Out-of-Province Services						
Physician Services	34.84	45.49	40.80	40.04	50.01	45.85
Dental Services	--	--	377.35	--	--	603.84
Optometric Services	--	--	42.54	--	--	43.12
Chiropractic Services	--	--	11.94	--	--	12.34
All Services	**28.14**	**53.37**	**35.84**	**29.67**	**55.80**	**37.64**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Excludes payments for specialist and rural emergency coverage programs and retroactive lump sum payments to physicians to avoid distortion.

[3] The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, became an insured service effective April 1, 2006.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) Includes retroactive payment adjustments to chiropractors in 2006-07 and to optometrists, dentists and dental surgeons in 2007-08.
3) See "Data Limitations" on page 10.

Table 10
Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services 2006-07	Per Cent of Total Services 2007-08	Per Cent of Total Payments 2006-07	Per Cent of Total Payments 2007-08
In-Province Physician Services	**86.95**	**87.30**	**90.47**	**90.65**
Consultations	3.75	3.84	9.73	10.06
Major Assessments	3.39	4.02	5.85	6.41
Other Assessments	35.18	34.46	29.52	28.96
Psychotherapy/Counselling	3.08	3.12	3.05	3.10
	45.40	**45.46**	**48.16**	**48.54**
Hospital Care	**5.00**	**4.88**	**3.06**	**3.09**
Special Calls and Emergency	**2.26**	**2.17**	**1.30**	**1.25**
Major Surgery	0.91	0.90	8.56	8.19
Minor Surgery	1.78	1.76	1.36	1.33
Surgical Assistance	1.02	1.10	1.71	1.95
Obstetrics	0.19	0.20	1.72	1.95
Anaesthesia	4.85	4.93	5.26	5.37
	8.74	**8.90**	**18.62**	**18.79**
Diagnostic Radiology	2.26	2.28	2.58	2.59
Laboratory Services	3.34	3.23	0.36	0.33
Other Diagnostic and Therapeutic Services	13.21	13.38	11.90	12.09
Special and Miscellaneous Services[2]	6.74	7.02	4.49	3.96
	25.54	**25.90**	**19.33**	**18.98**
In-Province Dental Services	**0.15**	**0.13**	**0.34**	**0.33**
In-Province Optometric Services	**0.95**	**0.96**	**1.06**	**1.12**
Refractions by Optometrists	0.75	0.73	0.92	0.94
Other Optometric Services[3]	0.20	0.23	0.14	0.17
In-Province Chiropractic Services	**6.80**	**6.95**	**2.39**	**2.37**
Chiropractic Visit Services	6.79	6.95	2.39	2.37
Chiropractic X-Ray Services	0.00	0.00	0.00	0.00
Out-of-Province Services				
Physician Services	4.96	4.48	5.65	5.45
Dental Services	0.00	0.00	0.01	0.01
Optometrist Services	0.02	0.02	0.02	0.02
Chiropractic Services	0.17	0.16	0.06	0.05
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Includes payments for the rural emergency coverage program and lump sum retroactive payments to physicians in 2006-07 and 2007-08 but excludes specialist emergency coverage program payments.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) Includes retroactive payment adjustments to chiropractors in 2006-07 and to optometrists, dentists and dental surgeons in 2007-08.
3) See "Data Limitations" on page 10.

Table 11
Payments ($000's) for Out-of-Province Services by Location and Type of Practitioner

Type of Practitioner	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners	**9,495.4**	**76.8**	**19.2**	**238.7**	**1,230.3**	**7,040.0**	**790.0**	**68.4**	**32.1**
Specialists									
Paediatricians and Medical Geneticists	804.3	3.1	1.4	14.8	32.4	731.3	18.5	2.8	0.0
Internists and Physiatrists	2,538.5	9.7	5.2	112.3	173.9	1,981.1	119.2	134.6	2.5
Neurologists	184.0	0.3	0.7	6.3	27.3	128.4	9.2	11.7	0.2
Psychiatrists	628.0	2.0	3.0	41.1	29.9	502.1	49.3	0.5	0.1
Dermatologists	151.2	22.4	0.6	3.4	1.8	114.7	7.0	1.0	0.3
Anaesthetists	2,173.8	3.9	12.3	90.1	113.3	1,802.1	115.5	34.8	1.8
General and Thoracic Surgeons	2,747.4	8.5	2.4	48.2	155.9	2,307.7	75.4	146.4	3.0
Orthopaedic Surgeons	828.5	2.5	12.3	19.4	155.2	563.7	60.1	15.2	0.2
Plastic and Reconstructive Surgeons	267.5	1.4	0.5	7.4	9.9	227.9	19.7	0.7	0.0
Neurological Surgeons	171.7	0.8	3.5	9.6	32.5	111.3	7.4	6.7	0.0
Obstetricians and Gynaecologists	1,070.8	5.5	0.4	28.7	30.8	973.6	30.3	1.7	0.0
Urological Surgeons	219.6	0.2	1.6	18.6	19.9	162.5	13.1	2.9	0.9
Ophthalmologists	624.9	1.5	0.1	25.2	63.2	465.8	39.0	30.0	0.1
Otolaryngologists	444.7	1.0	0.6	8.9	6.7	402.5	17.6	7.2	0.2
Pathologists	2,292.0	0.3	0.1	46.7	16.4	2,110.8	86.0	30.6	1.1
Diagnostic Radiologists	1,437.4	2.4	1.1	35.9	110.3	1,154.5	33.2	99.5	0.5
All Physicians	**26,080.0**	**142.2**	**64.8**	**755.4**	**2,209.6**	**20,779.8**	**1,490.7**	**594.7**	**42.9**
Dentists	39.2	0.1	0.0	0.0	24.6	14.5	0.0	0.0	0.0
Optometrists	115.7	0.0	0.0	0.0	16.4	98.8	0.1	0.3	0.0
Chiropractors	258.1	0.0	0.0	1.7	91.9	156.0	5.8	2.2	0.5

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" on page 8.
3) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 12
Payments ($000's) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories

		Home Province or Territory of Beneficiary										
Type of Practitioner	All Locations	Newfoundland	PEI	Nova Scotia	New Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners	**4,003.8**	**31.8**	**8.1**	**55.8**	**31.3**	**352.2**	**1,047.3**	**1,847.1**	**576.1**	**30.1**	**16.6**	**7.3**
Specialists												
Paediatricians and Medical Geneticists	189.1	0.1	0.1	0.5	0.1	15.2	51.8	99.7	17.1	2.5	0.1	2.0
Internists and Physiatrists	570.1	2.5	0.7	2.7	3.9	49.0	221.6	204.3	81.1	1.5	1.8	1.1
Neurologists	41.2	0.6	0.0	0.0	0.1	3.5	9.4	19.1	7.4	0.8	0.2	0.0
Cardiologists	196.3	2.4	0.0	1.2	0.2	11.6	70.9	76.8	31.1	1.5	0.3	0.4
Psychiatrists	132.6	2.3	0.0	2.5	2.1	12.2	19.0	56.6	31.5	3.7	1.1	1.7
Dermatologists	18.2	0.1	0.0	0.3	0.0	1.9	7.4	5.6	2.1	0.3	0.3	0.2
Anaesthetists	496.3	2.8	0.7	2.5	2.5	28.4	168.7	215.7	63.0	4.0	5.6	2.5
General Surgeons	660.0	0.8	0.3	1.2	2.7	30.7	173.4	402.4	42.0	0.8	4.2	1.5
Cardiac Surgeons	67.7	0.0	0.0	0.0	0.0	0.1	50.7	9.6	7.2	0.0	0.0	0.0
Orthopaedic Surgeons	244.8	3.2	0.9	1.3	1.9	18.3	67.9	110.4	37.5	1.9	0.7	0.9
Plastic and Reconstructive Surgeons	67.2	0.4	0.0	0.1	0.3	4.9	16.4	32.6	9.1	0.9	2.4	0.3
Neurological Surgeons	92.4	0.0	0.0	0.1	0.0	6.2	35.4	34.2	14.5	1.8	0.1	0.2
Obstetricians and Gynaecologists	563.3	0.6	0.5	2.1	1.2	20.7	339.2	169.9	25.2	2.3	1.3	0.2
Urological Surgeons	65.3	1.5	0.0	0.1	0.1	7.6	23.5	22.6	9.7	0.1	0.0	0.0
Ophthalmologists	616.3	0.3	0.2	0.8	0.5	14.5	504.8	75.6	18.7	0.4	0.0	0.5
Otolaryngologists	207.7	1.3	0.1	0.2	0.7	5.6	58.9	131.7	7.0	0.3	0.0	2.0
Pathologists	341.1	1.7	0.6	4.7	2.9	51.4	42.9	168.2	59.9	5.0	1.6	2.3
Diagnostic Radiologists	560.9	2.6	0.5	5.5	3.5	33.3	62.7	401.5	45.0	3.2	2.5	0.6
All Physicians	**9,134.0**	**55.0**	**12.7**	**81.6**	**54.1**	**667.3**	**2,971.8**	**4,083.3**	**1,085.1**	**61.0**	**38.8**	**23.4**

Notes: 1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" on page 8.

2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan physician Payment Schedule rates.

Table 13a
Payments ($000's) for Out-of-Province Hospital Services
By Location and Type of Care

	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Bone Marrow/Stem Cell Transplant	**1,976.0**	0.0	0.0	166.8	714.1	1,095.1	0.0	0.0	0.0
Intermediate/Complex Cardiovascular Paediatric	**1,581.8**	0.0	0.0	0.0	0.0	1,581.8	0.0	0.0	0.0
Cardiac Surgery with or without Valve Replacement	**1,279.1**	48.4	11.2	41.9	0.0	1,021.9	155.6	0.0	0.0
Cochlear Implant	**1,132.9**	0.0	0.0	0.0	0.0	65.7	0.0	1,067.2	0.0
Special Out-of-Country	**1,120.8**	0.0	0.0	0.0	0.0	0.0	0.0	1,095.5	25.3
Liver Transplant	**961.9**	0.0	0.0	97.4	0.0	864.5	0.0	0.0	0.0
Lung Transplant	**609.4**	0.0	0.0	0.0	0.0	609.4	0.0	0.0	0.0
Defibrillator Pacemaker Implantation	**493.2**	0.0	0.0	0.0	0.0	493.2	0.0	0.0	0.0
Cardiac Catheterization with or without Stent(s)	**441.4**	6.6	0.0	12.6	6.3	266.3	149.6	0.0	0.0
Other Pacemaker Insertion or Replacement	**320.8**	0.0	0.0	12.7	0.0	263.2	44.9	0.0	0.0
Heart or Heart and Lung Transplant	**134.3**	0.0	0.0	0.0	0.0	134.3	0.0	0.0	0.0
Kidney or Kidney and Pancreas Transplant	**32.6**	0.0	0.0	0.0	0.0	32.6	0.0	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases	**484.3**	0.0	0.0	78.5	23.2	346.6	31.3	2.2	2.4
II. Neoplasms	**2,378.8**	0.0	-13.2	210.2	126.0	1,815.4	237.0	2.5	0.9
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**488.3**	0.0	0.0	12.0	16.1	394.9	64.0	1.2	0.1
IV. Diseases of Blood & Blood-Forming Organs	**259.9**	0.0	0.0	37.7	28.2	181.6	11.5	0.0	0.9
V. Mental Disorders	**1,754.3**	69.0	0.0	188.7	356.4	758.0	381.4	0.5	0.3
VI. Diseases of Nervous System & Sense Organs	**1,106.7**	0.0	70.7	78.1	39.0	866.5	49.6	1.6	1.3
VII. Diseases of the Circulatory System	**2,947.1**	5.6	27.0	245.7	285.8	2,042.0	321.5	16.1	3.4
VIII. Diseases of the Respiratory System	**1,662.7**	18.0	0.0	61.3	114.0	1,367.0	88.6	6.9	6.8
IX. Diseases of the Digestive System	**2,717.9**	18.4	2.9	158.6	369.3	1,943.5	211.1	10.3	3.8
X. Diseases of the Genitourinary System	**588.4**	5.9	0.0	20.1	124.7	375.0	59.1	2.1	1.4
XI. Complications of Pregnancy, Childbirth & the Puerperium	**779.0**	22.4	0.0	21.2	72.3	564.6	98.1	0.0	0.3
XII. Diseases of the Skin & Subcutaneous Tissue	**276.2**	0.0	75.2	13.1	16.0	138.3	32.8	0.8	0.0
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**989.8**	0.0	41.3	99.6	311.1	476.4	60.8	0.0	0.6
XIV. Congenital Anomalies	**811.4**	0.0	61.6	30.1	25.5	667.0	27.2	0.0	0.0
XV. Certain Conditions Originating in the Perinatal Period	**636.2**	0.0	0.0	9.0	315.4	260.6	51.1	0.0	0.0
XVI. Symptoms, Signs, & Ill-defined Conditions	**1,008.4**	4.5	12.5	23.3	34.8	892.4	26.0	7.6	7.2
XVII. Injury and Poisoning	**3,289.8**	1.3	29.6	58.9	190.8	2,590.0	397.5	11.1	10.6
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**1,597.0**	7.7	0.0	84.6	170.5	1,218.2	115.8	0.2	0.0
Outpatient Treatment									
Standard Outpatient Visit	**10,476.9**	161.4	57.3	365.9	1,082.6	7,773.7	986.6	34.6	14.7
Day Care Surgery	**1,618.9**	7.4	5.3	54.2	380.2	1,057.9	112.6	1.1	0.2
Haemodialysis	**834.6**	0.0	0.0	20.0	28.1	759.5	24.9	1.4	0.7
Computerized Axial Tomography (CAT Scan)	**719.8**	2.6	3.9	36.5	133.1	467.0	76.7	0.0	0.0
Magnetic Resonance Imaging (MRI)	**471.0**	0.8	2.2	21.7	65.0	354.3	27.1	0.0	0.0
Positron Emission Tomography (PET Scan)	**186.6**	0.0	0.0	0.0	41.0	142.6	3.0	0.0	0.0
Radiotherapy Services	**265.0**	0.0	0.0	27.2	24.4	185.3	28.0	0.0	0.0
Cancer Chemotherapy Visit	**528.8**	1.5	0.0	72.6	44.4	388.3	21.9	0.0	0.0
Gamma Knife, ECMO or Brachytherapy	**1,175.0**	0.0	0.0	18.5	408.0	218.5	530.0	0.0	0.0
Special Out-of-Country	**915.7**	0.0	0.0	0.0	0.0	0.0	0.0	915.7	0.0
Other Outpatient Treatment	**1,019.3**	5.1	2.2	32.7	237.5	674.7	65.0	2.1	0.1
Total	**52,071.9**	**386.7**	**389.6**	**2,411.3**	**5,783.8**	**35,348.1**	**4,490.6**	**3,180.6**	**81.1**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

3) Although all Cochlear Implants are performed in Alberta, payment for the device itself is made to the United States.

4) Data for hospitalizations in Flin Flon (Manitoba) are not included.

5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 13b
Number of Out-of-Province Hospital Cases
By Location and Type of Care

	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures -- Cases									
Bone Marrow/Stem Cell Transplant	**12**	0	0	1	3	8	0	0	0
Intermediate/Complex Cardiovascular Paediatric	**34**	0	0	0	0	34	0	0	0
Cardiac Surgery with or without Valve Replacement	**67**	1	1	7	0	35	23	0	0
Cochlear Implant	**20**	0	0	0	0	20	0	0	0
Special Out-of-Country	**10**	0	0	0	0	0	0	8	2
Liver Transplant	**10**	0	0	1	0	9	0	0	0
Lung Transplant	**4**	0	0	0	0	4	0	0	0
Defibrillator Pacemaker Implantation	**16**	0	0	0	0	16	0	0	0
Cardiac Catheterization with or without Stent(s)	**47**	1	0	3	1	23	19	0	0
Other Pacemaker Insertion or Replacement	**15**	0	0	1	0	10	4	0	0
Heart or Heart and Lung Transplant	**1**	0	0	0	0	1	0	0	0
Kidney or Kidney and Pancreas Transplant	**1**	0	0	0	0	1	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases									
I. Infectious & Parasitic Diseases	**65**	0	0	5	6	27	7	6	14
II. Neoplasms	**223**	0	1	26	22	145	20	4	5
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**103**	0	0	2	11	74	12	3	1
IV. Diseases of Blood & Blood-Forming Organs	**32**	0	0	3	4	20	4	0	1
V. Mental Disorders	**179**	4	0	18	30	91	33	2	1
VI. Diseases of Nervous System & Sense Organs	**149**	0	10	4	13	113	6	2	1
VII. Diseases of the Circulatory System	**379**	2	3	26	36	215	52	39	6
VIII. Diseases of the Respiratory System	**336**	2	0	12	37	235	23	17	10
IX. Diseases of the Digestive System	**485**	5	1	34	68	302	41	24	10
X. Diseases of the Genitourinary System	**182**	1	0	6	39	108	15	7	6
XI. Complications of Pregnancy, Childbirth & the Puerperium	**349**	6	0	12	29	269	31	0	2
XII. Diseases of the Skin & Subcutaneous Tissue	**47**	0	2	2	4	34	2	3	0
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**193**	0	5	6	58	110	11	0	3
XIV. Congenital Anomalies	**71**	0	6	9	5	46	5	0	0
XV. Certain Conditions Originating in the Perinatal Period	**65**	0	0	1	13	47	4	0	0
XVI. Symptoms, Signs, & Ill-defined Conditions	**234**	4	3	11	18	147	22	11	18
XVII. Injury and Poisoning	**493**	1	4	10	49	320	70	20	19
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**635**	5	0	15	90	491	34	0	0
Outpatient Treatment – Services									
Standard Outpatient Visit	**65,004**	1,007	346	2,218	6,816	47,530	6,020	703	364
Day Care Surgery	**2,440**	11	8	81	566	1,590	171	11	2
Haemodialysis	**2,432**	0	0	56	88	2,177	69	28	14
Computerized Axial Tomography (CAT Scan)	**2,243**	9	12	112	424	1,445	241	0	0
Magnetic Resonance Imaging (MRI)	**644**	1	3	30	87	486	37	0	0
Positron Emission Tomography (PET Scan)	**147**	0	0	0	33	112	2	0	0
Radiotherapy Services	**1,055**	0	0	104	93	751	107	0	0
Cancer Chemotherapy Visit	**702**	2	0	94	59	515	32	0	0
Gamma Knife, ECMO or Brachytherapy	**91**	0	0	1	24	13	53	0	0
Special Out-of-Country	**255**	0	0	0	0	0	0	255	0
Other Outpatient Treatment	**8,155**	99	56	12	3,987	3,298	699	3	1
Total	**87,625**	**1,161**	**461**	**2,923**	**12,713**	**60,872**	**7,869**	**1,146**	**480**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Although all Cochlear Implants are performed in Alberta, the devices are purchased from the United States.

3) Data for hospitalizations in Flin Flon (Manitoba) are not included.

4) Any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 14a
Payments ($000's) for Out-of-Province Residents Hospitalized In Saskatchewan By Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment -- High Cost Procedures							
Cardiac Catheterization with or without Stent(s)	**355.7**	0.0	0.0	25.5	194.0	126.9	9.3
Cardiac Surgery with or without Valve Replacement	**101.6**	0.0	-1.5	0.0	103.1	0.0	0.0
Pacemaker Insertion or Replacement	**61.6**	0.0	0.0	0.0	56.7	0.0	4.9
Bone Marrow/Stem Cell Transplant	**0.0**	0.0	0.0	0.0	0.0	0.0	0.0
Kidney Transplant	**0.0**	0.0	0.0	0.0	0.0	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases	**235.8**	1.6	2.7	1.4	59.7	124.9	45.5
II. Neoplasms	**763.8**	0.0	0.0	61.2	434.9	258.5	9.2
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**129.5**	4.5	5.4	2.4	20.0	86.7	10.5
IV. Diseases of Blood and Blood-Forming Organs	**101.9**	1.8	0.0	4.9	77.8	11.5	5.9
V. Mental Disorders	**1,604.0**	85.7	0.0	170.2	223.6	799.8	324.8
VI. Diseases of the Nervous System & Sense Organs	**256.3**	0.8	0.0	8.6	113.0	106.5	27.6
VII. Diseases of the Circulatory System	**1,267.8**	15.7	8.1	110.0	612.3	279.6	242.1
VIII. Diseases of the Respiratory System	**820.1**	4.7	8.6	37.9	365.9	280.3	122.7
IX. Diseases of the Digestive System	**1,198.7**	170.0	0.8	61.0	318.9	502.9	145.1
X. Diseases of the Genitourinary System	**402.8**	11.6	0.0	44.0	181.8	106.4	59.0
XI. Complications of Pregnancy, Childbirth & the Puerperium	**948.5**	61.8	8.6	50.0	329.1	379.8	119.1
XII. Diseases of the Skin and Subcutaneous Tissue	**285.5**	17.9	0.8	3.9	125.3	117.4	20.2
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**448.5**	0.0	0.0	14.5	178.0	180.4	75.5
XIV. Congenital Anomalies	**99.4**	0.0	57.5	0.0	10.7	30.9	0.3
XV. Certain Conditions Originating in the Perinatal Period	**472.1**	4.5	0.0	5.9	129.2	330.2	2.2
XVI. Symptoms, Signs, and Ill-defined Conditions	**1,065.6**	36.4	12.1	40 5	415.2	335.7	225.6
XVII. Injury and Poisoning	**1,619.6**	33.6	8.2	154.4	361.3	741.4	320.7
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**835.0**	8.0	3.4	5.9	450.6	251.7	115.5
Outpatient Treatment							
Standard Outpatient Visit	**4,730.5**	238.7	49.9	374.9	1,365.0	2,013.3	688.8
Day Care Surgery	**1,039.0**	16.9	7.1	25.3	664.6	276.8	48.3
Haemodialysis	**118.9**	1.8	0.0	35.7	38.1	28.4	14.8
Computerized Axial Tomography (CAT Scan)	**122.3**	8.9	3.0	7.6	43.6	41.4	17.8
Magnetic Resonance Imaging (MRI)	**80.1**	3.8	0.8	6.0	28.0	31.7	9.8
Radiotherapy Services	**156.2**	1.3	0.0	5.3	88.0	50.9	10.6
Cancer Chemotherapy Visit	**108.2**	0.0	0.0	0.0	54.3	35.6	18.3
Other Outpatient Treatment	**72.7**	3.3	0.3	3.7	12.2	45.9	7.2
Total	**19,501.7**	**733.2**	**175.9**	**1,260.8**	**7,055.1**	**7,575.2**	**2,701.4**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

Table 14b
Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment -- High Cost Procedures -- Cases							
Cardiac Catheterization with or without Stent(s)	**36**	0	0	3	15	16	2
Cardiac Surgery with or without Valve Replacement	**3**	0	0	0	3	0	0
Pacemaker Insertion or Replacement	**2**	0	0	0	1	0	1
Bone Marrow/Stem Cell Transplant	**0**	0	0	0	0	0	0
Kidney Transplant	**0**	0	0	0	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases							
I. Infectious & Parasitic Diseases	**39**	1	1	1	9	25	2
II. Neoplasms	**95**	0	0	9	50	32	4
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**29**	1	1	1	6	17	3
IV. Diseases of Blood and Blood-Forming Organs	**24**	1	0	2	13	6	2
V. Mental Disorders	**179**	3	0	16	35	90	35
VI. Diseases of the Nervous System & Sense Organs	**60**	1	0	2	25	26	6
VII. Diseases of the Circulatory System	**217**	7	3	18	96	61	32
VIII. Diseases of the Respiratory System	**235**	5	2	13	87	102	26
IX. Diseases of the Digestive System	**284**	13	1	18	97	122	33
X. Diseases of the Genitourinary System	**128**	9	0	14	55	34	16
XI. Complications of Pregnancy, Childbirth & the Puerperium	**292**	13	3	14	117	120	25
XII. Diseases of the Skin and Subcutaneous Tissue	**62**	4	1	2	32	18	5
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**81**	0	0	5	38	32	6
XIV. Congenital Anomalies	**11**	0	1	0	2	7	1
XV. Certain Conditions Originating in the Perinatal Period	**55**	1	0	1	29	22	2
XVI. Symptoms, Signs, and Ill-defined Conditions	**278**	10	5	23	98	107	35
XVII. Injury and Poisoning	**289**	8	6	21	69	147	38
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**263**	9	2	9	142	81	20
Outpatient Treatment -- Services							
Standard Outpatient Visit	**28,375**	1,435	297	2,255	8,160	12,133	4,095
Day Care Surgery	**1,543**	26	11	40	984	410	72
Haemodialysis	**327**	5	0	98	105	78	41
Computerized Axial Tomography (CAT Scan)	**373**	27	9	25	132	126	54
Magnetic Resonance Imaging (MRI)	**109**	5	1	8	37	45	13
Radiotherapy Services	**592**	5	0	20	334	193	40
Cancer Chemotherapy Visit	**140**	0	0	0	70	46	24
Other Outpatient Treatment	**1,456**	69	7	98	269	831	182
Total	**35,577**	**1,658**	**351**	**2,716**	**11,110**	**14,927**	**4,815**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 15
In-Province Physician Services by Type of Service and Type of Physician

Type of Service[1] (000'S)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations	26.8	29.2	101.7	21.4	20.6	7.4	14.3	60.4	3.0
Special Eye Examination	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Major Assessments									
Chronic Disease Mgmt Base[2]	39.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chronic Disease Mgmt Add-ons	46.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Major Assessments	329.1	18.3	17.0	1.0	1.7	6.3	2.1	5.0	0.0
Other Assessments	3,945.1	34.9	76.1	4.2	9.6	14.4	11.8	48.8	1.3
Hospital Care Days	361.7	28.5	151.2	8.0	25.5	11.9	0.0	22.0	0.2
Special Calls and Emergency									
Surcharges	177.8	7.1	18.6	2.2	2.7	1.6	0.3	13.0	0.2
Premiums	3.2	0.3	1.3	0.1	0.2	0.1	0.0	0.1	0.0
Psychotherapy/Counselling									
Base Time[2]	186.4	0.5	0.2	0.0	0.0	56.4	0.0	0.1	0.0
Additional Time	107.4	0.2	0.2	0.0	0.0	41.7	0.0	0.1	0.0
Major Surgery	5.3	0.0	0.3	0.3	0.0	0.0	0.1	17.5	7.7
Minor Surgery	173.9	0.4	0.3	0.0	0.1	0.0	8.9	8.2	0.1
Surgical Assistance	125.5	0.0	0.0	0.0	0.0	0.0	0.0	4.8	1.0
Obstetrics	9.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Anaesthesia									
Operative	65.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nerve Blocks and Epidurals	4.4	0.0	0.3	0.0	0.0	0.0	0.0	0.1	0.0
Diagnostic Radiology	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/									
Laboratory Services	390.6	0.1	0.1	0.0	0.0	0.0	0.2	0.0	0.0
Diagnostic Ultrasound	2.2	2.1	16.7	0.0	35.7	0.0	0.0	0.0	0.0
Other Diagnostic and									
Therapeutic Services	353.8	134.7	359.5	10.0	116.6	9.5	14.8	49.5	0.3
Special Services	154.0	0.1	0.1	0.0	0.0	0.0	0.6	13.7	0.0
Miscellaneous Services[3]	565.8	10.1	21.8	3.5	4.5	9.2	1.2	21.9	1.3
Total Services	**7,073.7**	**266.5**	**765.3**	**50.7**	**217.1**	**158.3**	**54.3**	**265.1**	**15.3**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Represents the number of instances these types of services were provided during the year.

[3] This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel, the fee code for hospital discharge and documentation and the fee code for Saskatchewan Surgical Care Network prioritization form completion.

Note: See "Data Limitations" on page 10.

Table 15 (Continued)

Type of Physician									
Ortho-paedic Surgeons	Plastic and Recon-structive Surgeons	Neuro-logical Surgeons	Obstetri-cians and Gynaeco-logists	Urological Surgeons	Ophthal-mologists	Otolaryn-gologists	Anaes-thetists	Pathologists and Diagnostic Radiologists	**Total Services**
36.0	15.6	8.9	43.2	14.4	46.4	27.0	12.0	0.3	**488.4**
0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	**1.0**
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**39.1**
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**46.5**
1.0	0.1	0.1	7.9	3.8	22.9	8.2	0.0	0.1	**424.7**
41.1	12.0	3.0	61.2	7.1	77.7	26.8	2.4	0.0	**4,377.5**
1.7	0.3	1.9	4.8	1.1	0.2	0.5	0.0	0.0	**619.4**
4.2	1.1	1.4	9.9	0.5	1.2	1.2	15.6	0.3	**259.0**
0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.1	0.0	**16.2**
0.0	0.0	0.0	2.2	0.0	0.0	0.0	0.0	0.0	**245.8**
0.0	0.0	0.0	1.5	0.0	0.0	0.0	0.0	0.0	**151.0**
17.7	7.5	3.0	6.9	4.8	34.1	9.1	0.0	0.0	**114.4**
1.5	7.4	0.0	1.5	1.0	12.4	8.1	0.0	0.0	**224.1**
1.8	0.5	1.9	3.1	1.6	0.0	0.2	0.0	0.0	**140.4**
0.0	0.0	0.0	15.9	0.0	0.0	0.0	0.0	0.0	**25.3**
0.0	0.0	0.0	0.0	0.0	0.0	0.0	528.5	0.0	**594.3**
0.2	0.0	0.1	0.0	0.0	0.0	0.0	26.9	0.3	**32.2**
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	289.1	**289.1**
0.0	0.0	0.0	19.5	0.0	0.0	0.0	0.0	0.0	**410.5**
0.0	0.0	0.0	16.1	0.8	11.8	0.0	0.2	110.7	**196.3**
12.5	3.0	1.0	19.4	10.2	271.2	102.4	9.5	24.9	**1,502.8**
0.0	0.7	0.0	17.9	0.0	0.0	0.0	0.0	0.0	**187.2**
14.5	2.3	1.8	22.0	5.8	11.1	7.0	0.1	0.4	**704.4**
132.2	**50.6**	**23.1**	**252.8**	**51.2**	**490.1**	**190.7**	**606.3**	**426.1**	**11,089.6**

Table 16
Selected In-Province Medical Procedures -- Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2006-07 to 2007-08
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms	430,364	169.29	9,977.66	424.15	3.88
Allergy Investigations and Hyposensitization Injections	285,741	9.70	606.97	281.62	-1.62
Submission of Papanicolau Smear	121,729	218.76 [f]	2,751.58 [f]	238.48 [f]	-0.79
Artificial Extra Corporeal Haemodialysis	85,012	0.97	3,856.22	83.78	6.89
Plantar Wart Excision or Fulguration	30,245	13.18	481.54	29.81	4.07
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts	29,295	23.57	1,377.77	28.87	1.81
Pulmonary Function Studies	28,637	17.17	1,094.07	28.22	8.58
Colonoscopy	21,603	20.61	3,601.44	21.29	10.04
Optical Coherence Tomography	21,059	17.35	843.71	20.75	10.81
Arthrocentesis - Joint Injections Shoulder, Elbow, Knee	20,430	12.63	323.37	20.14	4.86
Suturing of Wounds	19,966	18.47	1,184.96	19.68	-1.30
Upper GI Endoscopy	16,738	14.18	1,893.13	16.50	2.97
Cataract Extraction	12,507	8.49	5,687.19	12.33	6.71
Delivery - Vaginal	9,690	18.73 [f]	12,110.02 [f]	18.98 [f]	9.67
- Caesarean	2,643	5.16 [f]	3,394.57 [f]	5.18 [f]	14.23
Cystoscopy	9,468	7.75	824.95	9.33	-2.57
Psychological Testing	8,710	4.26	332.15	8.58	9.12
Fractures, Open Surgical or Closed Reduction	5,714	4.84	1,981.83	5.63	-3.52
Coronary Angiography	5,575	4.54	900.47	5.49	-2.90
Cardiac Catheterization	5,052	4.05	614.47	4.98	-2.99
Sigmoidoscopy	4,868	4.27	259.16	4.80	-3.08
Angioplasty	4,330	2.00	1,528.29	4.27	0.17
Hernia Repair	4,095	3.54	1,480.90	4.04	-3.99
Electroencephalograms or Echoencephalograms	3,625	3.06	95.06	3.57	-4.75
Arthroscopy	3,475	3.16	447.85	3.42	-4.98
Arthroplasty - Hip or Total Hip Replacement	1,578	1.37	1,106.80	1.56	-1.25
- Knee or Total Knee Replacement	1,719	1.48	1,221.57	1.69	0.57
Gall Bladder or Other Biliary Tract Surgery	2,651	2.58	1,449.05	2.61	3.97
Vasectomy	1,855	3.66 [m]	835.57 [m]	3.68 [m]	-1.67
Therapeutic Abortion	1,779	3.36 [f]	528.72 [f]	3.49 [f]	3.40
Tonsillectomy (With or Without Adenoidectomy)	1,744	1.72	428.29	1.72	1.61
Hysterectomy - Abdominal or vaginal	1,603	3.13 [f]	1,415.93 [f]	3.14 [f]	6.44
Tubal Ligation	1,369	2.67 [f]	538.78 [f]	2.68 [f]	-7.07
Varicose Veins (Ligation)	1,275	0.49	175.16	1.26	9.91
Dilatation and Curettage	1,138	2.16 [f]	331.37 [f]	2.23 [f]	10.57
Septoplasty or Submucous Resection	1,136	1.10	377.00	1.12	15.20
Electroconvulsive Therapy	906	0.13	58.93	0.89	-6.69
Genital Prolapse Repair	899	1.49 [f]	579.32 [f]	1.76 [f]	-0.79
Appendectomy	860	0.85	343.46	0.85	-14.70
Coronary By-Pass	814	0.80	2,282.40	0.80	-5.42
Prostatectomy (With or Without Vasectomy)	771	1.40 [m]	1,234.75 [m]	1.53 [m]	5.19

[f] Rate per 1,000 female beneficiaries.

[m] Rate per 1,000 male beneficiaries.

Note: See "Data Limitations" on page 10.

Table 17
Selected In-Province Medical Conditions -- Patients, Services and Payments

Conditions	I.C.D.[1]	Number of Services (000's)	Rate Per 1,000 Beneficiaries: Patients	Payments	Services
General Medical Examination - No Specific Diagnosis	V70	443	205.8	14,830	437
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	384	217.1	11,464	379
Hypertension	401 - 405	364	130.7	10,754	359
Diseases Affecting Genitourinary Tract	580 - 599, 788	344	82.5	13,120	339
Diabetes Mellitus	250	256	50.3	7,343	252
Chronic Sinusitis & Other Respiratory Symptoms	473 & 786	222	87.4	9,203	218
Ischaemic Heart Disease	410 - 414	201	32.7	12,991	198
Psychoses	295 - 299	173	19.8	6,179	170
Arthritis	710 - 716	169	58.5	7,131	167
Rheumatic Disease	725 - 729	161	84.8	5,809	159
Neuroses	300	131	55.4	4,215	129
Cataract	366	125	19.7	8,406	123
Glaucoma	365	125	20.2	3,484	123
Otitis Media	381 & 382	124	56.6	3,995	123
Asthma	493	123	39.2	2,755	121
Symptomatic Heart Disease	428 & 429	120	23.8	4,674	118
Bronchitis	466, 490 & 491	112	69.7	3,380	110
Vertebrogenic Pain Syndrome	724	111	51.0	4,147	109
Eczema	690 - 692	109	56.1	2,751	107
Cardiac Disrhythmias	427	108	21.5	3,711	107
Pneumonia	480 - 486	76	18.9	2,589	75
Diarrheal Disease	009	74	39.0	2,706	73
Cellulitis and Abscess	681 & 682	65	28.0	2,091	64
Disorders of Menstruation	Z08[2] & 626	65	51.5 '	4,388 '	128 '
Hay Fever	477	64	8.4	572	63
Cerebrovascular Disease	430 - 438	64	8.7	2,428	63
Chronic Airways Obstruction	496	64	12.7	2,135	63
Anaemias	280 - 285	53	18.1	1,938	52
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 & 616	49	41.1 '	2,719 '	96 '
Myxedema	244	47	25.7	1,253	47
Gastritis and Duodenitis	535	29	18.2	947	29
Migraine	346	26	12.8	860	26
Varicose Veins of Lower Extremity	454	23	4.7	712	23
Alzheimer's Disease and Other Cerebral Degenerations	331	22	2.7	627	21
Menopausal Symptoms	627	21	21.1 '	1,207 '	41 '
Hyperkinetic Syndrome of Childhood (ADHD)	314	19	4.8	810	19
Disorders of Functions of Stomach	536 & 537	18	11.4	664	18
Influenza	487	14	11.4	382	13
Multiple Sclerosis	340	13	2.2	468	13
Obesity	278	12	6.5	469	12
Epilepsy	345	12	4.1	400	12
Alcoholic Psychosis and Alcoholism	291 & 303	12	3.7	417	12
Ulcers of Duodenum and Stomach	531 - 534	8	4.6	318	8

[1] Ninth Revision International Classification of Diseases, 1977.

[2] MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

' Rate per 1,000 female beneficiaries.

Notes: 1) MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.
2) See "Data Limitations" on page 10.

Table 18
Turnover of Physicians

	General Practitioners					
	Metro		Urban		Rural	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2002-03[1]	337		145		233	
		11.0		11.7		18.5
Still Practising in 2003-04[2]	300		128		190	
Practising in 2003-04[1]	341		140		234	
		7.6		8.6		19.2
Still Practising in 2004-05[2]	315		128		189	
Practising in 2004-05[1]	356		146		230	
		9.3		6.8		19.1
Still Practising in 2005-06[2]	323		136		186	
Practising in 2005-06[1]	370		150		231	
		11.9		13.3		18.6
Still Practising in 2006-07[2]	326		130		188	
Practising in 2006-07[1]	370		152		230	
		10.8		12.5		17.8
Still Practising in 2007-08[2]	330		133		189	
Practising in 2007-08[1]	401		159		227	

	All General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2002-03[1]	715		496		1,211	
		13.6		7.9		11.2
Still Practising in 2003-04[2]	618		457		1,075	
Practising in 2003-04[1]	715		500		1,215	
		11.6		10.2		11.0
Still Practising in 2004-05[2]	632		449		1,081	
Practising in 2004-05[1]	732		513		1,245	
		11.9		9.0		10.7
Still Practising in 2005-06[2]	645		467		1,112	
Practising in 2005-06[1]	751		521		1,272	
		14.2		10.0		12.5
Still Practising in 2006-07[2]	644		469		1,113	
Practising in 2006-07[1]	752		529		1,281	
		13.3		7.9		11.1
Still Practising in 2007-08[2]	652		487		1,139	
Practising in 2007-08[1]	787		566		1,353	

[1] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Notes: 1) The net number of physicians who entered practice in 2007-08 was 214, the difference between "Practising" (1,353) and "Still Practising" (1,139).

2) Effective April 1, 2001, all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners.

3) Effective April 1, 2002, all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

4) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

5) All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 19
Physicians in Relation to Population and Practice Size

Type of Physician[1]	Number of Physicians		Population Per Physician (000's)		Average Number of Patients Per Physician[2] (000's)		Average Patient Contacts Per Physician[3] (000's)		Per Cent of Beneficiaries Treated	
	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08
General Practitioner[4]	**763**	**784**	**1.3**	**1.3**	**2.5**	**2.5**	**6.1**	**6.1**	**82.1**	**82.4**
Specialists[4]										
Paediatricians and Medical Geneticists	40	43	25.1	23.6	1.3	1.2	2.6	2.4	3.8	4.0
Internists and Physiatrists	107	105	9.4	9.7	1.8	1.9	4.0	4.2	13.3	13.3
Neurologists	11	12	91.2	84.6	2.1	2.0	2.8	2.8	2.1	2.3
Cardiologists	17	20	59.0	50.7	3.9	3.7	4.1	3.8	4.4	4.7
Psychiatrists	38	40	26.4	25.4	0.4	0.4	2.1	2.0	1.5	1.6
Dermatologists	3	4	334.4	253.7	4.8	4.4	8.6	8.0	1.6	1.7
Anaesthetists	78	85	12.9	11.9	1.0	0.9	1.1	1.1	5.8	6.0
General Surgeons	57	58	17.6	17.5	1.3	1.3	2.8	2.7	6.6	6.6
Cardiac Surgeons	7	7	143.3	144.9	0.6	0.6	1.0	1.0	0.3	0.3
Orthopaedic Surgeons	30	33	33.4	30.7	1.4	1.3	2.7	2.6	4.0	3.9
Plastic and Reconstructive Surgeons	12	12	83.6	84.6	1.5	1.5	2.8	2.7	1.7	1.7
Neurological Surgeons	7	10	143.3	101.5	1.1	0.8	2.1	1.4	0.8	0.8
Obstetricians and Gynaecologists	41	42	24.5	24.2	1.5	1.4	3.1	3.0	4.5	4.5
Urological Surgeons	12	13	83.6	78.0	1.7	1.7	2.8	2.7	1.9	1.9
Ophthalmologists	25	27	40.1	37.6	3.0	3.0	6.6	6.6	7.1	7.5
Otolaryngologists	13	14	77.2	72.5	3.0	2.8	5.4	5.1	3.7	3.7
Pathologists and Diagnostic Radiologists	46	48	21.8	21.1	5.4	5.3	0.2	0.2	19.3	19.5
All Specialists[4]	**544**	**573**	**1.8**	**1.8**	**1.9**	**1.9**	**2.8**	**2.8**	**43.7**	**44.2**
All Physicians[4]	**1,307**	**1,357**	**0.8**	**0.7**	**2.2**	**2.2**	**4.7**	**1.7**	**84.0**	**84.3**
Licensed Physicians[5]	1,742	1,782	0.6	0.6	--	--	--	--	--	--

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[3] A patient contact represents each time a physician saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[5] Licensed physicians, as of the last day of the fiscal year, includes temporary licensed locum physicians but excludes educational locums and medical residents.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 20
Physicians by Size of Practice

Type of Physician[1]	Number of Physicians[2]	Size of Practice by Range of Patients[3]							
		Less than 501	501-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More than 3,500
General Practitioners									
Metro Association	321	9	22	53	57	41	27	25	87
Metro Solo	79	14	16	14	10	7	4	4	10
Urban Association	121	0	9	17	18	13	12	12	40
Urban Solo	34	2	4	4	7	6	5	3	3
Rural Association	177	1	6	31	36	42	27	22	12
Rural Solo	52	2	8	11	17	8	3	2	1
All General Practitioners 2007-08	**784**	**28**	**65**	**130**	**145**	**117**	**78**	**68**	**153**
All General Practitioners 2006-07	763	23	64	121	124	136	91	52	152
Specialists									
Paediatricians and Medical Geneticists	43	5	18	11	1	4	2	0	2
Internists and Physiatrists	105	5	27	26	6	9	9	8	15
Neurologists	12	0	3	2	3	1	1	0	2
Cardiologists	20	1	0	1	1	2	5	2	8
Psychiatrists	40	28	10	1	1	0	0	0	0
Dermatologists	4	0	0	0	0	1	1	0	2
Anaesthetists	85	8	42	32	2	1	0	0	0
General Surgeons	58	10	9	14	20	5	0	0	0
Cardiac Surgeons	7	2	5	0	0	0	0	0	0
Orthopaedic Surgeons	33	0	10	12	8	3	0	0	0
Plastic and Reconstructive Surgeons	12	1	3	4	1	2	0	1	0
Neurological Surgeons	10	4	3	2	1	0	0	0	0
Obstetricians and Gynaecologists	42	3	14	7	3	14	0	1	0
Urological Surgeons	13	0	2	3	5	2	0	0	1
Ophthalmologists	27	1	1	3	1	5	2	4	10
Otolaryngologists	14	0	1	4	0	0	4	2	3
Pathologists and Diagnostic Radiologists	48	3	4	7	2	4	2	3	23
All Specialists 2007-08	**573**	**71**	**152**	**129**	**55**	**53**	**26**	**21**	**66**
All Specialists 2006-07	544	64	143	113	68	47	31	12	66
All Physicians 2007-08	**1,357**	**99**	**217**	**259**	**200**	**170**	**104**	**89**	**219**
All Physicians 2006-07	1,307	87	207	234	192	183	122	64	218

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Notes: 1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 21
Physicians by Range of Patient Contacts

Type of Physician[1]	Number of Physicians[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practitioners								
Metro Association	321	37	80	63	60	40	20	21
Metro Solo	79	31	13	9	10	8	3	5
Urban Association	121	7	20	21	26	24	16	7
Urban Solo	34	7	5	3	5	8	3	3
Rural Association	177	12	48	30	38	18	18	13
Rural Solo	52	2	10	14	13	6	2	5
All General Practitioners 2007-08	**784**	**96**	**176**	**140**	**152**	**104**	**62**	**54**
All General Practitioners 2006-07	763	76	171	169	140	107	46	54
Specialists								
Paediatricians and Medical Geneticists	43	28	10	2	0	2	0	1
Internists and Physiatrists	105	31	32	19	11	6	3	3
Neurologists	12	4	6	1	1	0	0	0
Cardiologists	20	4	9	5	1	0	0	1
Psychiatrists	40	32	4	2	1	0	0	1
Dermatologists	4	0	1	0	2	0	0	1
Anaesthetists	85	82	3	0	0	0	0	0
General Surgeons	58	19	29	10	0	0	0	0
Cardiac Surgeons	7	7	0	0	0	0	0	0
Orthopaedic Surgeons	33	7	25	1	0	0	0	0
Plastic and Reconstructive Surgeons	12	3	7	2	0	0	0	0
Neurological Surgeons	10	8	2	0	0	0	0	0
Obstetricians and Gynaecologists	42	14	15	12	1	0	0	0
Urological Surgeons	13	4	8	0	1	0	0	0
Ophthalmologists	27	3	4	5	7	4	3	1
Otolaryngologists	14	2	3	4	3	2	0	0
Pathologists and Diagnostic Radiologists	48	48	0	0	0	0	0	0
All Specialists 2007-08	**573**	**296**	**158**	**63**	**28**	**14**	**6**	**8**
All Specialists 2006-07	544	270	155	65	24	16	6	8
All Physicians 2007-08	**1,357**	**392**	**334**	**203**	**180**	**118**	**68**	**62**
All Physicians 2006-07	1,307	346	326	234	164	123	52	62

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 22
Physicians by Place of Graduation[1]

Type of Physician[2]	Number of Physicians[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practitioners									
Metro Association	321	144	18	8	29	8	61	52	1
Metro Solo	79	28	2	3	10	2	18	16	0
Urban Association	121	23	4	1	11	4	17	61	0
Urban Solo	34	5	0	1	3	1	6	18	0
Rural Association	177	36	8	1	6	1	18	107	0
Rural Solo	52	9	4	1	11	1	3	23	0
All General Practitioners 2007-08	**784**	**245**	**36**	**15**	**70**	**17**	**123**	**277**	**1**
All General Practitioners 2006-07	763	256	35	13	77	18	110	254	0
Specialists									
Paediatricians and Medical Geneticists	43	13	12	2	3	1	7	5	0
Internists and Physiatrists	105	32	19	5	6	6	17	20	0
Neurologists	12	2	2	0	1	0	5	2	0
Cardiologists	20	11	2	0	0	1	2	4	0
Psychiatrists	40	15	4	1	3	0	11	5	1
Dermatologists	4	3	0	0	0	0	0	1	0
Anaesthetists	85	38	17	0	2	1	10	17	0
General Surgeons	58	19	13	0	2	1	11	12	0
Cardiac Surgeons	7	1	5	0	0	1	0	0	0
Orthopaedic Surgeons	33	15	6	0	3	0	5	4	0
Plastic and Reconstructive Surgeons	12	7	3	1	0	0	1	0	0
Neurological Surgeons	10	1	2	0	0	0	3	4	0
Obstetricians and Gynaecologists	42	17	6	2	0	1	6	10	0
Urological Surgeons	13	6	4	0	0	0	0	2	1
Ophthalmologists	27	14	1	2	6	0	1	3	0
Otolaryngologists	14	7	0	0	2	0	2	3	0
Pathologists and Diagnostic Radiologists	48	25	12	0	3	1	2	4	1
All Specialists 2007-08	**573**	**226**	**108**	**13**	**31**	**13**	**83**	**96**	**3**
All Specialists 2006-07	544	215	104	11	31	15	82	83	3
All Physicians 2007-08	**1,357**	**471**	**144**	**28**	**101**	**30**	**206**	**373**	**4**
Per Cent Distribution 2007-08	100%	35%	11%	2%	7%	2%	15%	27%	0%
All Physicians 2006-07	**1,307**	**471**	**139**	**24**	**108**	**33**	**192**	**337**	**3**
Per Cent Distribution 2006-07	100%	36%	11%	2%	8%	3%	15%	26%	0%

[1] The place of graduation is the location at which the first medical degree was obtained.

[2] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 23
Physicians by Age Group

Type of Physician[1]	Number of Physicians[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association	321	27	73	106	72	43
Metro Solo	79	0	20	22	24	13
Urban Association	121	30	26	32	27	6
Urban Solo	34	2	6	14	8	4
Rural Association	177	46	64	28	29	10
Rural Solo	52	4	10	17	9	12
All General Practitioners 2007-08	**784**	**109**	**199**	**219**	**169**	**88**
All General Practitioners 2006-07	763	105	195	204	172	87
Specialists						
Paediatricians and Medical Geneticists	43	3	8	16	10	6
Internists and Physiatrists	105	7	36	26	26	10
Neurologists	12	0	3	4	1	4
Cardiologists	20	3	11	3	3	0
Psychiatrists	40	2	9	15	4	10
Dermatologists	4	0	0	2	2	0
Anaesthetists	85	12	26	35	11	1
General Surgeons	58	1	19	26	5	7
Cardiac Surgeons	7	0	3	3	1	0
Orthopaedic Surgeons	33	1	13	10	6	3
Plastic and Reconstructive Surgeons	12	0	3	4	4	1
Neurological Surgeons	10	0	3	3	3	1
Obstetricians and Gynaecologists	42	1	13	14	13	1
Urological Surgeons	13	1	3	6	1	2
Ophthalmologists	27	3	7	10	4	3
Otolaryngologists	14	0	3	6	1	4
Pathologists and Diagnostic Radiologists	48	9	11	19	8	1
All Specialists 2007-08	**573**	**43**	**171**	**202**	**103**	**54**
All Specialists 2006-07	544	36	173	181	104	50
All Physicians 2007-08	**1,357**	**152**	**370**	**421**	**272**	**142**
Per Cent Distribution 2007-08	100%	11%	27%	31%	20%	10%
All Physicians 2006-07	**1,307**	**141**	**368**	**385**	**276**	**137**
Per Cent Distribution 2006-07	100%	11%	28%	29%	21%	10%

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 24
Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	308.2	1,357	251.4	784	385.9	573
Highest Paid	1,771.4		840.0		1,771.4	
Less than $ 60,000	26.8	230	28.0	163	24.0	67
$ 60,000 - $ 74,999	67.7	58	67.7	38	67.6	20
$ 75,000 - $ 99,999	87.7	93	88.1	58	87.0	35
$100,000 - $124,999	112.5	74	111.5	51	114.8	23
$125,000 - $149,999	137.9	81	137.5	54	138.6	27
$150,000 - $174,999	161.3	94	161.6	63	160.7	31
$175,000 - $199,999	187.4	79	187.7	47	186.8	32
$200,000 - $249,999	227.0	159	227.2	112	226.8	47
$250,000 - $299,999	275.3	147	276.0	96	273.9	51
$300,000 - $349,999	322.3	145	320.2	97	326.5	48
Over $350,000	546.6	427	442.3	168	614.2	259
Total	**267.4**	**1,587**	**213.0**	**947**	**348.0**	**640**

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	230.8	400	280.9	155	267.5	229
Highest Paid	621.7		840.0		768.9	
Less than $ 60,000	30.8	91	29.4	29	21.1	43
$ 60,000 - $ 74,999	67.4	23	71.5	5	66.4	10
$ 75,000 - $ 99,999	87.8	36	88.6	10	88.9	12
$100,000 - $124,999	112.2	28	114.4	7	108.9	16
$125,000 - $149,999	137.0	29	136.9	8	138.5	17
$150,000 - $174,999	161.2	39	161.4	8	162.9	16
$175,000 - $199,999	188.7	27	186.5	11	186.4	9
$200,000 - $249,999	226.4	59	225.6	20	229.6	33
$250,000 - $299,999	273.3	44	279.8	22	277.2	30
$300,000 - $349,999	320.4	50	317.4	19	321.9	28
Over $350,000	426.4	65	452.3	45	452.3	58
Total	**193.7**	**491**	**241.2**	**184**	**228.5**	**272**

[1] Represents gross payments by MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

	Type of Physician[3]					
	Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	210.8	43	369.2	105	647.1	20
Highest Paid	938.6		1,134.4		1,741.4	
Less than $ 60,000	18.5	17	28.7	23	--	--
$ 60,000 - $ 74,999	66.2	3	72.9	1	--	--
$ 75,000 - $ 99,999	87.2	7	86.9	8	--	--
$100,000 - $124,999	114.8	6	114.7	6	--	--
$125,000 - $149,999	140.2	5	139.5	8	--	--
$150,000 - $174,999	158.6	3	164.2	5	162.2	1
$175,000 - $199,999	182.5	4	190.9	4	--	--
$200,000 - $249,999	229.9	8	225.5	8	205.1	1
$250,000 - $299,999	298.0	1	277.2	9	289.9	1
$300,000 - $349,999	306.0	1	325.0	4	339.7	1
Over $350,000	643.3	5	558.0	52	746.6	16
Total	**156.3**	**60**	**308.1**	**128**	**647.1**	**20**

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	307.2	12	218.7	40	414.7	4
Highest Paid	874.1		866.2		654.0	
Less than $ 60,000	--	--	37.9	8	24.5	1
$ 60,000 - $ 74,999	74.7	1	65.4	2	--	--
$ 75,000 - $ 99,999	--	--	86.1	7	--	--
$100,000 - $124,999	121.0	1	115.2	4	--	--
$125,000 - $149,999	--	--	139.0	2	--	--
$150,000 - $174,999	159.3	2	162.3	7	--	--
$175,000 - $199,999	188.6	1	186.3	4	--	--
$200,000 - $249,999	249.8	1	216.1	3	223.8	1
$250,000 - $299,999	280.1	2	251.5	1	--	--
$300,000 - $349,999	334.6	1	319.1	4	331.7	1
Over $350,000	613.2	3	536.6	6	551.6	2
Total	**307.2**	**12**	**188.6**	**48**	**336.7**	**5**

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 24 (Continued)
Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	304.1	85	397.2	58	718.9	7
Highest Paid	830.2		775.3		830.8	
Less than $ 60,000	<0.0	1	32.8	4	--	--
$ 60,000 - $ 74,999	--	--	74.9	1	--	--
$ 75,000 - $ 99,999	98.1	1	84.0	4	--	--
$100,000 - $124,999	109.6	3	114.3	2	--	--
$125,000 - $149,999	140.2	3	138.7	2	--	--
$150,000 - $174,999	153.4	1	152.2	2	--	--
$175,000 - $199,999	190.7	7	184.8	2	--	--
$200,000 - $249,999	225.9	11	223.1	2	--	--
$250,000 - $299,999	267.6	18	280.3	6	--	--
$300,000 - $349,999	328.7	19	334.0	2	--	--
Over $350,000	453.1	22	532.9	35	718.9	7
Total	**300.6**	**86**	**373.7**	**62**	**718.9**	**7**

	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	376.8	33	380.9	12	314.3	10
Highest Paid	777.1		767.6		577.2	
Less than $ 60,000	34.0	1	--	--	--	--
$ 60,000 - $ 74,999	73.6	1	65.0	2	65.5	2
$ 75,000 - $ 99,999	--	--	--	--	--	--
$100,000 - $124,999	124.0	1	--	--	--	--
$125,000 - $149,999	--	--	--	--	147.6	1
$150,000 - $174,999	160.4	1	--	--	152.2	1
$175,000 - $199,999	183.1	2	--	--	--	--
$200,000 - $249,999	237.5	4	--	--	--	--
$250,000 - $299,999	278.0	3	277.9	1	290.2	1
$300,000 - $349,999	323.5	3	317.2	3	346.2	1
Over $350,000	497.5	18	535.3	6	519.0	4
Total	**366.7**	**34**	**380.9**	**12**	**314.3**	**10**

[1] Represents gross payments by MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

	Type of Physician[3]					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	369.7	42	399.0	13	777.6	27
Highest Paid	1,247.8		1,227.2		1,504.6	
Less than $ 60,000	1.1	2	--	--	--	--
$ 60,000 - $ 74,999	74.5	1	--	--	64.8	2
$ 75,000 - $ 99,999	90.3	4	--	--	--	--
$100,000 - $124,999	--	--	--	--	--	--
$125,000 - $149,999	--	--	--	--	128.5	1
$150,000 - $174,999	159.8	4	--	--	--	--
$175,000 - $199,999	184.7	4	185.2	2	--	--
$200,000 - $249,999	227.0	3	--	--	216.1	2
$250,000 - $299,999	277.0	4	271.6	2	--	--
$300,000 - $349,999	301.6	1	334.1	2	347.4	1
Over $350,000	553.5	21	515.1	7	950.3	21
Total	**353.0**	**44**	**399.0**	**13**	**777.6**	**27**

	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
Physicians[4]	443.8	14	505.3	48
Highest Paid	990.7		1,771.4	
Less than $ 60,000	--	--	13.7	10
$ 60,000 - $ 74,999	--	--	65.5	4
$ 75,000 - $ 99,999	--	--	85.1	4
$100,000 - $124,999	--	--	--	--
$125,000 - $149,999	136.6	1	134.4	4
$150,000 - $174,999	169.7	2	159.8	2
$175,000 - $199,999	--	--	185.0	2
$200,000 - $249,999	222.3	1	235.8	2
$250,000 - $299,999	268.8	1	254.7	1
$300,000 - $349,999	--	--	321.6	4
Over $350,000	582.9	9	816.6	25
Total	**443.8**	**14**	**420.6**	**58**

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 25
Average Payment ($000's) Per Physician By Specialty, 2002-03 to 2007-08

Type of Physician[1]	Average Payment[2] ($000's) 2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	Average Annual Per Cent Change 2002-03 to 2007-08
General Practitioners							
Metro Association	169.4	180.0	198.9	206.2	210.6	228.5	6.21
Metro Solo	179.8	201.3	223.3	243.5	238.6	240.3	6.13
Urban Association	220.5	231.0	249.1	248.8	252.2	272.4	4.37
Urban Solo	252.8	256.8	257.0	290.9	290.7	310.9	4.34
Rural Association	216.7	224.1	238.8	245.2	245.8	267.0	4.30
Rural Solo	217.6	219.4	253.9	287.2	264.1	269.0	4.70
All General Practitioners	**197.4**	**207.3**	**225.1**	**234.2**	**234.6**	**251.4**	**5.00**
Specialists							
Paediatricians and Medical Geneticists	152.1	178.6	195.5	222.4	206.1	210.8	7.11
Internists and Physiatrists	268.9	284.9	303.7	333.3	328.4	369.2	6.65
Neurologists	228.6	235.2	250.5	280.8	295.7	307.2	6.13
Cardiologists	556.3	550.9	631.6	736.9	691.2	647.1	3.55
Psychiatrists	208.6	217.3	239.0	218.5	207.5	218.7	1.19
Dermatologists	357.4	327.5	362.8	372.2	419.1	414.7	3.31
Anaesthetists	237.1	237.7	262.3	283.0	291.3	304.1	5.17
General Surgeons	304.7	304.7	336.5	366.7	387.5	397.2	5.51
Cardiac Surgeons	441.8	511.0	686.7	722.6	725.2	718.9	10.95
Orthopaedic Surgeons	305.8	323.0	359.2	365.1	380.7	376.8	4.34
Plastic and Reconstructive Surgeons	254.6	297.9	334.4	363.8	376.6	380.9	8.55
Neurological Surgeons	280.2	343.0	344.0	396.8	400.0	314.3	3.49
Obstetricians and Gynaecologists	277.5	305.2	334.2	358.6	351.3	369.7	6.00
Urological Surgeons	322.1	350.5	411.3	381.9	388.3	399.0	4.69
Ophthalmologists	497.6	543.6	636.0	726.9	751.6	777.6	9.48
Otolaryngologists	359.3	395.6	407.0	415.9	435.4	443.8	4.36
Pathologists and Diagnostic Radiologists	498.7	490.9	487.9	453.6	481.1	505.3	0.38
All Specialists	**301.0**	**316.0**	**343.7**	**366.1**	**371.0**	**385.9**	**5.12**
Spec. less Pathologists & Radiologists	265.3	301.8	331.8	357.5	360.8	375.0	5.66
All Physicians	**240.1**	**251.8**	**274.2**	**288.4**	**291.4**	**308.2**	**5.15**
Phys. less Pathologists & Radiologists	232.0	244.3	267.2	282.0	284.5	301.0	5.37

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year. Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[2] Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Payments for the specialist coverage program are excluded.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Laboratory services provided by Pathologists are now the responsibility of RHAs. As a result, Pathologists' fee-for-service payments are minimal.

3) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy changes.

4) Effective April 1, 2001, all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners.

5) Effective April 1, 2002, all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

6) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 26
Physician Payments ($000's) by Specialty Group

	General Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina	179	245.1	59	496.5	67	509.6	41	420.7
Saskatoon[3]	222	219.2	138	256.9	101	444.5	81	354.0
Moose Jaw	27	309.3	4	634.4	7	559.4	2	**
Prince Albert	56	257.8	10	336.5	16	272.5	6	499.1
Yorkton	13	292.0	3	426.7	8	512.9	--	--
Swift Current	16	245.1	4	449.0	6	337.9	3	158.7
North Battleford	22	278.8	4	160.1	7	300.7	--	--
Estevan	11	358.6	--	--	--	--	--	--
Weyburn	11	281.1	--	--	--	--	--	--
All Other Locations	227	268.3	2	**	4	148.8	--	--
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year[2]	742	254.0	219	337.5	210	449.5	129	381.7
2. Resident Full Year[2]	729	258.1	212	345.9	197	469.1	124	392.1
3. Resident and Active in Two Consecutive Years[2]	686	266.8	197	360.9	191	477.3	117	405.9
4. Resident During Any Portion of the Year and Earning $60,000 or More	819	246.4	230	328.8	226	432.1	138	367.8
5. Person-Year Equivalents and Earning $60,000 or More[4]	791.9	254.9	223.9	337.8	216.7	450.6	132.6	382.7
6. Resident at Year End With Payments of $15,000 or More in Each Quarter of the Year	657	278.4	183	382.3	181	495.4	108	429.7
7. Resident at Year End and Majority of Billings are Fee-For-Service[2]	663	270.2	196	359.7	194	475.2	127	386.1
C. By Age Group:[2]								
Under 35	109	205.3	15	226.5	7	382.7	21	239.5
35 - 44	199	234.1	67	305.9	67	451.9	37	296.6
45 - 54	219	271.6	66	334.0	82	498.3	54	423.3
55 - 64	169	285.3	46	439.1	38	447.5	19	553.3
65 +	88	232.2	30	291.3	22	241.6	2	365.9

[1] Physicians are grouped as follows:
- Medical Specialists: Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists and Medical Geneticists.
- Surgical Specialists: General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists: Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the specialist coverage program are excluded.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Person-year equivalents are prorated on the number of months in practice.

** Not shown, to preserve confidentiality.

Note: Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 27
Payments[1] for Specialist and Rural Emergency Coverage Programs

	Specialist Emergency Coverage			Rural (GP) Emergency	Total Payments for Emergency
	Number of Rotations				
	Tier I	Tier II	Payments[2]	Coverage[3]	Coverage
Regional Health Authority					
1 Sun Country	4	2	$325,155	$838,291	$1,163,446
2 Five Hills	7	3	$779,001	$295,319	$1,074,320
3 Cypress	6	3	$749,689	$619,165	$1,368,854
4 Regina Qu'Appelle	35	9	$4,482,848	$701,528	$5,184,376
5 Sunrise	6	1	$651,681	$579,805	$1,231,486
6 Saskatoon	43	18	$5,771,575	$755,620	$6,527,196
7 Heartland	0	2	$46,872	$910,346	$957,218
8 Kelsey Trail	0	6	$159,292	$695,261	$854,553
9 Prince Albert Parkland	8	3	$964,569	$137,861	$1,102,430
10 Prairie North	11	5	$1,042,300	$407,165	$1,449,464
11 Mamawetan Churchill River	0	0	$0	$129,426	$129,426
12 Keewatin Yatthé	0	0	$0	$186,532	$186,532
13 Athabasca	0	0	$0	$78,433	$78,433
All Regional Health Authorities	120	52	$14,972,983	$6,334,751	$21,307,734
Other Emergency Coverage					
Medical Health Officers	0	4	$253,447	--	$253,447
Saskatchewan Cancer Agency	0	7	$435,570	--	$435,570
All Emergency Coverage	**120**	**63**	**$15,662,000**	**$6,334,751**	**$21,996,752**

[1] Includes payments made indirectly to physicians through RHAs, the Saskatchewan Cancer Agency or other.

[2] Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.

[3] Includes all ERCP payments as well as any payments for travel expenses when general practitioners provide weekend relief.

Notes: Tier I Coverage: continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty and clinical judgment of the responding physician.

Table 28
Medical Remuneration and Alternate Payment Expenditures ($000's)

	Medical Remuneration Payments[1]		Alternate Payments		Non-Fee-For-Service Total Payments	
	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08
Regional Health Authority						
1 Sun Country	$1,795	$1,647	$0	$0	$1,795	$1,647
2 Five Hills	$4,113	$4,806	$885	$1,334	$4,998	$6,140
3 Cypress	$3,446	$4,006	$2,106	$2,346	$5,552	$6,352
4 Regina Qu'Appelle	$34,545	$42,856	$4,071	$1,983	$38,616	$44,839
5 Sunrise	$3,954	$4,503	$0	$0	$3,954	$4,503
6 Saskatoon	$25,008	$33,125	$5,315	$5,120	$30,324	$38,245
7 Heartland	$359	$435	$0	$0	$359	$435
8 Kelsey Trail	$960	$941	$899	$0	$1,859	$941
9 Prince Albert Parkland	$4,710	$5,313	$4,153	$4,550	$8,863	$9,863
10 Prairie North	$3,981	$5,476	$1,873	$1,229	$5,854	$6,705
11 Mamawetan Churchill River	$66	$68	$0	$0	$66	$68
12 Keewatin Yatthé	$0	$0	$87	$0	$87	$0
13 Athabasca	$0	$0	$87	$0	$87	$0
All Regional Health Authorities	$82,938	$103,175	$19,477	$16,561	$102,415	$119,736
Provincial Projects[2]	$0	$0	$5,120	$8,067	$5,120	$8,067
All Expenditures	**$82,938**	**$103,175**	**$24,597**	**$24,628**	**$107,535**	**$127,803**

[1] These expenditures for physician services are administered through RHAs and funded by Saskatchewan Health.

[2] These Alternate Payment arrangements are intended to benefit the entire provincial population.

Note: Payments for primary care arrangements are excluded. Responsibility for the management of these agreements was transferred to Primary Health Services Branch effective April 1, 2004.

Table 29
Insured Population by Age and Sex by Regional Health Authority

		Regional Health Authority of Patient Residence													
		1	2	3	4	5	6	7	8	9	10	11	12	13	
Age Groups	Sex	Sun Country	Five Hills	Cypress	Regina Qu'Ap-pelle	Sunrise	Saska-toon	Heart-land	Kelsey Trail	Prince Albert Parkland	Prairie North	Mama-wetan Churchill River	Kee-watin Yatthé	Atha-basca	Total
Under 1	M	314	258	194	1,440	265	1,775	205	228	530	581	284	132	34	6,240
	F	309	208	182	1,378	252	1,683	191	213	529	548	242	134	32	5,900
	T	623	466	376	2,817	517	3,458	396	441	1,059	1,129	526	266	66	12,140
1 - 4	M	1,216	1,099	941	5,744	1,188	6,853	886	910	2,226	2,246	986	442	117	24,855
	F	1,176	1,066	871	5,513	1,026	6,635	842	861	2,067	2,260	978	412	123	23,830
	T	2,392	2,165	1,811	11,257	2,215	13,488	1,728	1,771	4,293	4,507	1,964	854	240	48,685
5 - 9	M	1,505	1,402	1,275	7,195	1,511	8,803	1,210	1,271	2,782	2,786	1,151	534	131	31,556
	F	1,557	1,374	1,204	7,002	1,423	8,287	1,173	1,178	2,719	2,736	1,115	507	121	30,397
	T	3,062	2,777	2,479	14,197	2,934	17,090	2,383	2,449	5,501	5,522	2,266	1,041	252	61,953
10 - 14	M	1,857	1,673	1,406	8,198	1,647	9,757	1,410	1,433	3,035	2,961	1,225	647	127	35,377
	F	1,697	1,607	1,391	7,711	1,617	9,257	1,325	1,389	2,957	2,764	1,177	585	115	33,593
	T	3,554	3,281	2,797	15,909	3,263	19,014	2,735	2,822	5,992	5,726	2,402	1,232	242	68,970
15 - 19	M	1,931	2,075	1,639	9,350	1,928	11,055	1,656	1,595	3,483	3,179	1,186	677	116	39,869
	F	1,888	1,847	1,502	8,895	1,897	10,477	1,633	1,535	3,179	3,024	1,158	651	112	37,798
	T	3,819	3,921	3,141	18,246	3,825	21,532	3,289	3,129	6,662	6,203	2,344	1,328	228	77,667
20 - 24	M	1,891	2,105	1,518	9,628	1,818	11,557	1,654	1,484	2,812	3,034	963	523	127	39,114
	F	1,778	1,888	1,410	9,355	1,720	11,439	1,470	1,290	2,683	2,898	941	483	135	37,490
	T	3,668	3,994	2,928	18,983	3,539	22,996	3,124	2,775	5,495	5,932	1,904	1,006	262	76,604
25 - 29	M	1,819	1,615	1,244	8,955	1,520	10,774	1,311	1,158	2,353	2,782	796	381	98	34,807
	F	1,605	1,580	1,192	8,594	1,409	10,622	1,091	1,011	2,258	2,541	725	373	97	33,098
	T	3,424	3,195	2,436	17,549	2,929	21,396	2,403	2,169	4,611	5,323	1,521	754	195	67,905
30 - 34	M	1,569	1,412	1,160	8,120	1,417	9,656	1,069	1,142	2,117	2,258	715	372	82	31,089
	F	1,436	1,461	1,135	7,979	1,335	9,506	1,085	1,074	2,256	2,245	747	386	74	30,718
	T	3,005	2,874	2,294	16,099	2,752	19,162	2,154	2,215	4,373	4,503	1,462	758	156	61,807
35 - 39	M	1,477	1,339	1,090	7,855	1,472	9,377	1,140	1,130	2,274	2,101	761	446	79	30,540
	F	1,439	1,439	1,213	7,809	1,491	9,277	1,060	1,047	2,313	2,126	702	434	67	30,415
	T	2,915	2,778	2,303	15,664	2,963	18,653	2,200	2,176	4,587	4,227	1,463	880	146	60,955
40 - 44	M	1,830	1,721	1,464	9,012	1,806	10,778	1,379	1,350	2,485	2,390	709	414	66	35,403
	F	1,767	1,827	1,464	9,247	1,796	10,769	1,337	1,328	2,626	2,431	662	381	75	35,708
	T	3,597	3,548	2,927	18,259	3,602	21,547	2,716	2,678	5,110	4,820	1,371	795	141	71,111
45 - 49	M	2,152	2,235	1,851	9,884	2,120	11,423	1,702	1,499	2,781	2,632	616	372	46	39,313
	F	1,985	2,132	1,770	9,794	2,062	11,725	1,657	1,426	2,866	2,551	604	322	59	38,954
	T	4,137	4,367	3,621	19,678	4,182	23,148	3,359	2,925	5,646	5,183	1,220	694	105	78,265
50 - 54	M	2,076	2,208	1,730	9,154	2,198	10,793	1,841	1,532	2,669	2,332	567	267	44	37,411
	F	1,883	2,098	1,645	9,357	2,041	10,725	1,564	1,453	2,542	2,296	517	235	28	36,384
	T	3,958	4,306	3,375	18,511	4,240	21,518	3,405	2,986	5,211	4,628	1,084	502	72	73,795
55 - 59	M	1,634	1,772	1,367	7,420	1,921	8,453	1,356	1,413	2,243	1,934	459	235	33	30,240
	F	1,503	1,740	1,312	7,419	1,843	8,362	1,310	1,302	2,240	1,757	403	198	30	29,420
	T	3,137	3,512	2,679	14,839	3,765	16,816	2,666	2,715	4,483	3,690	862	433	63	59,660
60 - 64	M	1,308	1,406	1,163	5,576	1,560	6,313	1,161	1,153	1,876	1,522	303	179	22	23,542
	F	1,316	1,361	1,138	5,735	1,653	6,336	1,079	1,152	1,817	1,374	248	137	27	23,373
	T	2,625	2,767	2,301	11,311	3,213	12,649	2,240	2,305	3,693	2,896	551	316	49	46,915
65 - 69	M	1,041	1,046	896	4,131	1,431	4,732	890	1,050	1,483	1,151	193	137	24	18,204
	F	1,060	1,133	934	4,583	1,492	5,148	886	991	1,457	1,154	183	118	18	19,155
	T	2,101	2,179	1,830	8,714	2,923	9,880	1,776	2,040	2,940	2,304	376	255	42	37,359
70 - 74	M	993	1,004	878	3,499	1,241	3,965	797	813	1,227	951	166	88	17	15,640
	F	1,013	1,078	905	4,042	1,394	4,732	861	827	1,240	949	136	67	9	17,253
	T	2,006	2,083	1,783	7,541	2,635	8,698	1,658	1,641	2,467	1,900	302	155	26	32,893
75 & Over	M	2,151	2,226	1,815	6,657	2,760	7,699	1,822	1,764	2,141	1,660	179	119	22	31,012
	F	3,032	3,441	2,554	10,659	4,045	12,365	2,605	2,485	3,082	2,331	220	124	12	46,953
	T	5,184	5,667	4,369	17,315	6,803	20,064	4,427	4,249	5,223	3,991	399	243	34	77,965
Total all ages	**M**	26,763	26,598	21,627	121,817	27,805	143,764	21,488	20,925	38,516	36,499	11,259	5,965	1,185	504,210
	F	26,444	27,280	21,817	125,072	28,495	147,346	21,169	20,562	38,830	35,985	10,758	5,547	1,134	510,439
	T	53,207	53,878	43,444	246,889	56,300	291,110	42,657	41,487	77,346	72,484	22,017	11,512	2,319	1,014,649

Notes: 1) Population as at June 30, 2007.

2) Band members are placed in the regional health authority as indicated by their mailing address.

Table 30
Per Cent of General Practitioner Payments by Patient Regional Health Authority by Physician Regional Health Authority

Regional Health Authority of Patient Residence		Regional Health Authority of Physician Practice													
		1 Sun Country	2 Five Hills	3 Cypress	4 Regina Qu'Appelle	5 Sunrise	6 Saskatoon	7 Heartland	8 Kelsey Trail	9 Prince Albert Parkland	10 Prairie North	11 Mamawetan Churchill River	12 Keewatin Yatthé	13 Athabasca	Out of Province	**Total**
1	Sun Country	81.4	1.4	0.1	13.2	0.2	1.0	0.1	0.1	0.1	0.1	0.0	0.0	0.0	2.4	100.0
2	Five Hills	0.5	87.0	0.6	6.6	0.1	2.1	0.3	0.1	0.2	0.2	0.0	0.0	0.0	2.4	100.0
3	Cypress	0.2	2.2	83.2	2.6	0.1	2.4	0.5	0.1	0.2	0.2	0.0	0.0	0.0	8.3	100.0
4	Regina Qu'Appelle	0.5	0.5	0.2	94.6	0.5	1.4	0.1	0.1	0.2	0.1	0.0	0.0	0.0	1.8	100.0
5	Sunrise	0.3	0.2	0.1	7.9	82.7	4.1	0.2	0.9	0.2	0.2	0.0	0.0	0.0	3.3	100.0
6	Saskatoon	0.1	0.1	0.1	1.2	0.2	93.6	0.3	0.7	1.1	0.5	0.0	0.0	0.0	2.0	100.0
7	Heartland	0.1	1.5	1.1	0.6	0.1	12.1	73.3	0.2	0.2	4.0	0.0	0.0	0.0	6.9	100.0
8	Kelsey Trail	0.1	0.1	0.7	1.0	0.5	7.2	0.2	81.7	6.1	0.2	0.1	0.0	0.0	2.1	100.0
9	Prince Albert Parkland	0.1	0.1	0.1	0.6	0.0	6.8	0.1	1.8	86.0	2.0	0.2	0.0	0.0	2.3	100.0
10	Prairie North	0.1	0.0	0.0	0.4	0.1	4.7	1.0	0.1	1.0	73.0	0.0	0.0	0.0	19.6	100.0
11	Mamawetan Churchill River	0.0	0.1	0.1	0.6	0.2	5.9	0.1	0.4	26.6	0.3	41.1	0.1	0.0	24.5	100.0
12	Keewatin Yatthé	0.0	0.0	0.0	0.6	0.0	9.6	0.0	0.1	6.1	44.7	0.8	34.4	0.0	3.6	100.0
13	Athabasca	0.0	0.0	0.1	1.2	0.3	21.9	0.5	1.7	43.0	1.8	4.6	0.5	20.6	3.7	100.0
	Rural Emergency Coverage	13.0	5.2	10.3	10.7	9.4	10.6	14.7	10.9	2.4	6.4	2.0	3.0	1.4	0.0	100.0
All Regional Health Authorities		**5.3**	**5.2**	**3.6**	**25.2**	**5.0**	**27.6**	**3.9**	**4.2**	**8.3**	**6.2**	**0.7**	**0.4**	**0.1**	**4.4**	**100.0**

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.

2) This data is not adjusted for any demographic differences between regional health authorities.

3) Band members are placed in the regional health authority as indicated by their mailing address.

4) Payments to physicians by regional health authority have not been adjusted for itinerant services.

5) See "Data Limitations" on page 10.

Table 31
Per Capita Physician Payments and Services by Patient Regional Health Authority and Per Cent of Population Treated (In- and Out-of-Province)

Regional Health Authority of Patient Residence	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)
1 Sun Country	233.30	7.79	86.3	189.67	3.06	36.5	422.98	10.86	87.4
2 Five Hills	212.29	7.93	87.5	249.01	4.35	46.9	461.30	12.28	89.3
3 Cypress	186.82	6.72	81.6	230.63	4.27	42.1	417.45	11.00	84.1
4 Regina Qu'Appelle	209.51	7.28	87.3	256.56	4.47	49.7	466.06	11.75	89.1
5 Sunrise	206.51	7.69	83.2	236.54	4.19	44.6	443.05	11.89	85.9
6 Saskatoon	193.94	6.90	86.7	258.69	4.93	51.7	452.63	11.83	88.9
7 Heartland	221.89	7.74	86.1	218.75	3.88	43.8	440.64	11.63	88.0
8 Kelsey Trail	220.09	7.75	85.3	190.45	3.11	36.7	410.54	10.86	86.8
9 Prince Albert Parkland	231.08	8.26	89.4	221.99	3.97	45.2	453.07	12.24	90.7
10 Prairie North	208.42	6.92	82.4	209.90	4.07	38.0	418.33	10.99	84.0
11 Mamawetan Churchill River	130.54	4.32	70.6	145.73	2.55	30.6	276.28	6.87	73.4
12 Keewatin Yatthé	136.63	3.98	67.0	139.95	2.44	29.6	276.58	6.42	70.5
13 Athabasca	48.75	1.46	41.8	161.07	2.67	37.4	209.81	4.13	55.0
All Regional Health Authorities	**205.73**	**7.21**	**84.6**	**236.90**	**4.28**	**45.9**	**442.63**	**11.49**	**86.5**

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.

2) This data is not adjusted for any demographic differences between regional health authorities.

3) Band members are placed in the regional health authority as indicated by their mailing address.

4) Excludes payments for specialist and rural emergency coverage programs and lump sum payments to physicians.

5) See "Data Limitations" on page 10.

Table 32
General Practitioners in Relation to Population, Earnings and Practice Size

Regional Health Authority of Physician Practice	Number of Registered General Practitioners[1]	Number of Active General Practitioners[2]	Population Per Active General Practitioner	Average Payment Per Active GP	Average Number of Patients Per Active GP[3]	Average Patient Contacts Per Active GP[4]
1 Sun Country	39	34	1,565	$320,937	2,404	7,517
2 Five Hills	48	35	1,539	$307,305	2,703	7,747
3 Cypress	36	30	1,448	$241,283	1,769	6,119
4 Regina Qu'Appelle	279	204	1,210	$254,527	2,719	6,347
5 Sunrise	38	33	1,706	$301,923	2,277	7,549
6 Saskatoon	349	255	1,142	$225,867	2,446	5,396
7 Heartland	32	27	1,580	$304,989	2,111	6,913
8 Kelsey Trail	40	31	1,338	$286,045	2,251	6,486
9 Prince Albert Parkland	88	65	1,190	$260,504	2,990	6,701
10 Prairie North	87	53	1,368	$243,955	2,179	5,482
11 Mamawetan Churchill River	13	10	2,202	$122,712	2,096	3,152
12 Keewatin Yatthé	15	6	1,919	$77,876	1,186	1,947
13 Athabasca	5	1	--	$60,246	759	873
All Regional Health Authorities	**1,029**	**784**	**1,294**	**$251,414**	**2,485**	**6,107**

[1] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number. Physicians may be counted in more than one RHA but the provincial total is a discrete count.

[2] General Practitioners with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[4] A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 33
Post-Graduate Medical Education [1] and Retention Rates by Academic Year [2]

Type of Physician	2002-03 Completed Program	2002-03 Remained[3] in Saskatchewan	2003-04 Completed Program	2003-04 Remained[3] in Saskatchewan	2004-05 Completed Program	2004-05 Remained[3] in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine – Regina	10 [4]	6	9 [4]	5	9	6
Family Medicine – Saskatoon	11 [6]	5	9 [5]	3	10	8
Family Medicine – Rural	1	1	5	4	3	1
Family Medicine/Emergency	1	1	3	2	2	2
All Family Medicine	**23**	**13**	**26**	**14**	**24**	**17**
Anaesthesia	4	3	2	-	3	1
Cardiology	1	1	2	2	1	1
Diagnostic Radiology[8]	3	1	3	3	3	3
General Surgery	3	-	2	-	2	1
Internal Medicine	-	-	-	-	-	-
Neonatal/Perinatal	-	-	-	-	-	-
Neurology	-	-	1	-	-	-
Neurosurgery	-	-	2	-	1	-
Obstetrics/Gynaecology	4	2	1	1	3	1
Ophthalmology	-	-	1	1	1	-
Orthopaedic Surgery	2	1	2	-	2	-
Paediatrics	1	1	2	-	1	-
Pathology	-	-	-	-	-	-
Physical Medicine & Rehabilitation	1	1	-	-	-	-
Psychiatry	4	1	1	1	4	3
Respiratory Medicine	1	-	1	-	1	1
Rheumatology	-	-	1	1	-	-
All Specialists	**24**	**11**	**21**	**9**	**22**	**11**
Total CSF Funded	**47**	**24**	**47**	**23**	**46**	**28**
Externally Funded	**0**	**0**	**4**	**4**	**10**	**7**
Total Physicians	**47**	**24**	**51**	**27**	**56**	**35**
CSF Funded Retention Rates[7]						
Family Medicine		68%		61%		71%
Specialists		46%		43%		50%
All Physicians		**56%**		**52%**		**61%**
CSF Funded and Externally Funded Retention Rates[7]						
All Physicians		**56%**		**56%**		**63%**

[1] The Department supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as: clinical services provided by faculty; undergraduate, post-graduate and continuing medical education; post-graduate medical resident salaries and benefits; and medical and health-related research.

[2] Period ending June of stated year.

[3] Graduates who practised in Saskatchewan for at least six months upon completion of program.

[4] One graduate went on to a further residency program.

[5] Two graduates went on to a further residency program.

[6] Three graduates went on to a further residency program.

[7] Net of the number of graduates who have entered further training.

[8] Medical Imaging became Diagnostic Radiology in 2004-05.

Note: All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 33
(Continued)

Type of Physician	2005-06 Completed Program	2005-06 Remained[3] in Saskatchewan	2006-07 Completed Program	2006-07 Remained[3] in Saskatchewan	CSF Funded Positions in 2007-08	Retention Rate[7] of June 2007 Graduates
Funded by the Clinical Services Fund						
Family Medicine – Regina	8[5]	6	8[6]	3	18	60%
Family Medicine – Saskatoon	9[4]	8	12[6]	5	22	56%
Family Medicine – Rural	1	1	6	5	8	83%
Family Medicine/Emergency	3	2	2	1	2	50%
All Family Medicine	**21**	**17**	**28**	**14**	**50**	**64%**
Anaesthesia	2	2	4	3	17	75%
Cardiology	1	1	-	-	6	0%
Diagnostic Radiology[8]	3	2	4	1	15	25%
General Surgery	3	1	2	1	20	50%
Internal Medicine	2	2	1	-	29	0%
Neonatal/Perinatal	-	-	-	-	0	0%
Neurology	-	-	1	-	6	0%
Neurosurgery	1	-	-	-	6	0%
Obstetrics/Gynaecology	2	1	3	1	14	33%
Ophthalmology	1	-	1	-	5	0%
Orthopaedic Surgery	1	-	1	-	13	0%
Paediatrics	2	-	3	2	17	67%
Pathology	-	-	1	1	6	100%
Physical Medicine & Rehabilitation	3	2	1	1	4	100%
Psychiatry	3	2	2	2	13	100%
Respiratory Medicine	-	-	1	1	3	100%
Rheumatology	-	-	1	1	1	100%
All Specialists	**24**	**13**	**26**	**14**	**175**	**54%**
Total CSF Funded	**45**	**30**	**54**	**28**	**225**	**58%**
Externally Funded	**5**	**1**	**5**	**5**	**40**	**100%**
Total Physicians	**50**	**31**	**59**	**33**	**265**	**62%**
CSF Funded Retention Rates[7]						
Family Medicine		94%		64%		
Specialists		54%		54%		
All Physicians		**71%**		**58%**		
CSF Funded and Externally Funded Retention Rates[7]						
All Physicians		**66%**		**62%**		

Table 34
In-Province Chiropractors and Optometrists: Selected Indicators

	Chiropractors		Optometrists	
	2006-07	2007-08	2006-07	2007-08
Number of Registered[1] Practitioners	168	170	122	121
Population Per Registered[1] Practitioner	5,972	5,969	8,223	8,386
Per Cent of Beneficiaries Treated	11.9%	12.3%	10.3%	10.5%
Practising[2] Chiropractors and Optometrists:				
Number of Practitioners	168	169	120	120
Number by Age Group: Under 35	44	39	38	36
35 - 44	59	64	27	24
45 - 54	42	43	27	29
55 - 64	20	16	21	24
65 and over	3	7	7	7
Average Number of Patients Per Practitioner	907	950	853	878
Average Patient Contacts Per Practitioner	4,960	5,207	975	1,016
Average Payment Per Practitioner	$62,598	$66,910	$38,751	$44,451
Number by Dollar Range: Less than $10,000	7	9	7	5
$10,000 - 19,999	9	10	11	11
$20,000 - 39,999	31	23	48	34
$40,000 - 59,999	44	38	37	43
$60,000 - 79,999	36	29	14	21
$80,000 - 99,999	21	35	2	5
$100,000 - 119,999	9	10	1	1
$120,000 - 139,999	3	7	0	0
$140,000 - 159,999	4	2	0	0
$160,000 - 179,999	2	4	0	0
$180,000 & over	2	2	0	0

[1] Chiropractors and Optometrists practising in Saskatchewan under MSP coverage at the end of the year.

[2] Chiropractors and Optometrists receiving $1 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Note: Includes chiropractic and optometric services covered by the Supplementary Health Program.

Appendix

Recruitment and Retention Initiatives

- Specialist Recruitment and Retention Program -- A $2.0 million fund, jointly managed by the SMA, RHAs and the Ministry of Health in a tripartite committee, is used to fund three programs: 1) *The Specialist Residency Bursary Program* offers up to 15 bursaries of $25,000 to fund residents in specialty training at the U of S for a maximum of three years. These bursaries require a return-of-service commitment of one year for each year of funding received; 2) *The Specialist Physician Establishment Grant* provides up to 15 grants of $30,000 to eligible specialists who establish a practice in Saskatchewan for a minimum of 36 months; and 3) *The Specialist Physician Enhancement Training Program* funds practising specialists to obtain additional training. This program provides six grants of up to $80,000 per year for a maximum of two years, and requires a return-of-service commitment of two months for each month of funding received. Candidates must have practised in Saskatchewan for two years to be eligible.

- Specialist Emergency Coverage Program -- This program was originally negotiated as part of the 2000-2003 SMA Agreement and is jointly managed by the SMA, RHAs and the Ministry of Health in a tripartite committee. The primary objective of the Program is to meet the emergency needs of new or unassigned patients requiring specialty care and to ensure fair compensation for specialists who are available to provide coverage as part of an established call rotation (see Table 27).

- Long Service Retention Program -- This program, at a current budget of $6.6 million, was originally established as part of the 2000-2003 SMA Agreement. It is intended to recognize physicians who provide 10 or more years of service to the province.

- Rural Practice Establishment Grant (RPEG) Program -- Grants of $25,000 are available to Canadian-trained or landed immigrant physicians who establish new practices in rural Saskatchewan for a minimum of 18 months.

- Rural Practice Establishment Grant (RPEG) for Foreign-Trained Physicians -- Grants of up to $25,000 are available to eligible foreign-trained family physicians who establish a practice for 18 months in a rural community. The 18-month return-of-service commitment will begin after the first 18 months required to qualify for the program have been completed. Eligible communities are those that have a population of 10,000 or less that can support two or more physicians in a group or shared call arrangement.

- Emergency Room Coverage/Weekend Relief Program -- This fund is directed to compensating physicians (through the Payment Schedule) for providing emergency room coverage in rural areas, and assisting communities with fewer than three physicians to access a list of physicians willing to provide relief coverage when needed (see Table 27).

- Regional Practice Establishment (RPEG) Program -- Grants of $10,000 are available to eligible family physicians who establish a practice for a minimum of 18 months in a regional centre. An 18-month return-of-service commitment will begin after the initial 18-month qualification period is fulfilled.

- Family Medicine Residency Bursary Program -- Bursaries of $25,000 are available to assist family medicine residents with educational expenses in exchange for a rural return-of-service commitment.

- Undergraduate Medical Student Bursary Program -- Grants, at the current level of $15,000, are available to medical students who sign a return of service commitment to a rural Saskatchewan community. Undergraduates who pursue a Family Medicine residency are eligible for three years of undergraduate funding and two years of resident funding, increasing the maximum funding available to $95,000.

- Rural Practice Enhancement Training -- This program provides income replacement to in-practice rural physicians and assistance to residents wishing to take specialized training in an area of demand in rural Saskatchewan. A return-of-service commitment is required.

- Specialist Re-Entry Program -- This program provides up to four grants annually to practising family physicians entering specialty training. The Ministry of Health and the SMA co-manage and fund this program (each fund two of the grants). Physicians must have practised full-time in rural Saskatchewan for three years to qualify plus make a return-of-service commitment of one year for every year of training.

- Rural Emergency Care - CME Program -- This Continuing Medical Education program provides funds to rural physicians for certification and re-certification of skills in emergency care and risk management such as Advanced Cardiac Life Support and Paediatric Advanced Life Support. Full costs of Canadian tuition and a portion of travel and accommodation expenses (to a maximum of $250) may be reimbursed. Eligible physicians must have 12 months continuous licensure and 12 months of practice in rural Saskatchewan. A return of service commitment is expected.

- Locum Service Program -- This program, operated by the SMA and managed by the Committee on Rural and Regional Practice, provides coverage while physicians take vacation, education or other leave.

- Support Services -- The SMA operates a Rural Travel Assistance Program, a Rural Extended Leave Program, a Liability Insurance Coverage Program, a Continuing Medical Education fund, and Parental Leave Program.

- Information Technology Fund -- A $2.0 million initiative established through the 2006-2009 SMA Agreement will assist in the development of the electronic medical record as part of the overall Electronic Health Record.

- Saskatchewan Health International Medical Graduates (IMG) Residency Training Program -- This program funds up to four residency positions annually at the U of S. These positions are dedicated to international medical graduates who require a period of residency training in order to qualify for licensure to practise in Saskatchewan.

Agreements with Professional Associations

- The physician agreement between the Ministry of Health and the Saskatchewan Medical Association (SMA) covers three years, April 1, 2006 to March 31, 2009. It provides general fee increases of 2.8 per cent on April 1 of each year plus $3.0 million over the term of the agreement for new items and modernization of the Payment Schedule. The agreement also provided a total of $11.8 million to bolster recruitment and retention programs (see Recruitment and Retention Initiatives, page 57).

- The chiropractic agreement between the Ministry of Health and the Chiropractors' Association of Saskatchewan covers three years, April 1, 2006 to March 31, 2009 and provides fee increases of 2.5 per cent in each year of the contract.

- The newly negotiated optometric agreement between the Ministry of Health and the Saskatchewan Association of Optometrists, covers the period April 1, 2007 to March 31, 2010. It provided a 6 per cent general fee increase for the first year retroactive to April 1, 2007, and 3 per cent general fee increases in each subsequent year.

- The newly negotiated dental agreement between the College of Dental Surgeons and the Ministry of Health covered three years, April 1, 2005 to March 31, 2008. It provided an 8.2 per cent general fee increase retroactive for services on or between April 1, 2006 and March 31, 2007, and a 4 per cent general fee increase effective April 1, 2007.